

EU resources for investing in and strengthening health systems

Tailored options for Austria,
Belgium and Slovenia



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and Slovenia

This report has been drafted by
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List of Acronyms

AGF	Agricultural Guarantee Fund
BMBWF	Austrian Federal Ministry of Education, Science and Research
CAP	Common Agricultural Policy
CEB	Council of Europe Development Bank
CEF	Connecting Europe Facility
CINEA	European Climate, Infrastructure and Environment Executive Agency
DG ENV	Directorate General for Environment
DG REFORM	Directorate General for Structural Reform Support
DGs	Directorate Generals
EAFRD	European Agricultural Fund for Rural Development
EBDR	European Bank for Reconstruction and Development
EC	European Commission
EDIHs	European Digital Innovation Hubs
EDITH	Ecosystem Digital Twin in Health
EFSI	European Fund for Strategic Investment
EHMA	European Health Management Association
EIB	European Investment Bank
ERDF	European Regional Development Fund
ESF+	European Social Fund Plus
ESFRI	European Strategy Forum on Research Infrastructures
ESIF	European Structural and Investment Funds
EU	European Union
FEAD	Fund for Aid to the Most Deprived
GOEG	Gesundheit Österreich
Green Assist	Green Advisory Service for Sustainable Investments Support
HaDEA	European Health and Digital Executive Agency
JTCs	Joint transnational calls
JTF	Just Transition Fund
JTM	Just Transition Mechanism
KCE	Health Care Knowledge Centre
LED lighting	Light-emitting diode lighting
MFF	Multiannual financial framework
MSCA	Marie Skłodowska-Curie Actions
NGOs	Non-Governmental Organisations
PCC	Primary care centres
PHIRI	Population Health Information Research Infrastructure

PHM	Population health management
PSLF	Public Sector Loan Facility
RDPs	Rural development programmes
RRF	Recovery and resilience facility
RRP	Recovery and resilience plans
SMEs	Small- and medium-sized enterprises
THCS	Transforming health and care systems partnership
TSI	Technical Support Instrument
VET	Vocational Education and Training
WIAB	Viennese Institute for Labour Market and Education Research
WS	Workstream

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Disclaimer

This report provides an overview of relevant instruments tailored to the three pilot cases chosen by the Member States participating in this TSI project. It does not provide an exhaustive mapping of EU instruments and resources. Inclusion in the report does not guarantee eligibility of individual instruments for funding and support of the Member State pilot cases.

I. Introduction

I.1 Context and background of the project

There is a broad range of European Union (EU) funds and tools available to Member States, many of which can be leveraged to support health system transformation. Yet, each of these comes with a slightly different focus and design, including different timelines, application processes, eligibility criteria, budget allocation schemes, governance mechanisms, to name a few. A first policy brief published in 2021 by the European Observatory on Health Systems and Policies on *European support for improving health and care systems* demonstrated that many EU tools, including tools for which health is not a primary objective, can provide valuable support for health systems.¹ Yet, the multiplicity of available support and the need to combine different EU tools to facilitate change processes poses challenges for Member States, including that of being aware of these tools in the first place, as well as accessing and blending them efficiently to meet national needs.

To address these challenges, three EU Member States, Austria, Belgium and Slovenia, partnered and applied for support through the European Commission's Technical Support Instrument (TSI).

The TSI is an EU programme managed and implemented by the Commission's Directorate General for Structural Reform Support (DG REFORM), which provides demand-driven tailor-made technical expertise for Member States to design, plan and implement reforms. This joint project aims to address Austria's, Belgium's, and Slovenia's needs in securing sufficient funding to support reforms and transform their national health systems. The specific objective of this TSI project is to support these Member States in making more efficient use of both their national and EU resources. For this purpose, the project is structured along two workstreams (WS):

- WS1: Dedicated to strengthening the capacity of the three Member States in making the case for public investment in health at the national and EU level

- WS2: Dedicated to strengthening the capacity of the three Member States to reach EU funding available for health

Technical assistance from the EU to help Member States identify available EU resources already exists, but none of the modalities are focusing specifically on health system strengthening. This project is an opportunity for mutual learning between Member States and will act as a pilot for the creation of an extended *EU Health Resource Hub*. The intention of the EU Health Resource Hub is to provide a one-stop-shop at the EU level aiming to support Member States to navigate and blend more efficiently EU resources that can address national health systems' needs.

While the European Observatory's first policy brief provided a fairly comprehensive mapping of the EU resources that can be used for health systems across the Member States, it did not aim to deliver a hands-on manual on how to use and combine EU tools for specific reform priorities, nor did it capture priorities within the current financial cycle. Within the scope of WS2, the present report aims to deliver an updated and tailored mapping of existing EU resources, their use and possible combinations, by focusing on three specific pilot cases:

- Greening of health care facilities, with a focus on hospitals in Austria
- Implementing population health management approaches for integrated care in Belgium
- Strengthening access to primary health care outpatient clinics through a telephone triage and advice system in Slovenia

I.2 Context and background of the Member States' pilot cases

Though European health systems are based on similar values and share many common challenges, each of the Member States involved in this project has selected a distinct pilot case for which to seek out tailored support through the EU Health Resource Hub. This section briefly introduces the thematic areas chosen by the participating countries and contextualises how the

EU Health Resource Hub may support the realisation of each of the three pilot cases in their specific national settings.

1.2.1 **Austria: Greening of health care facilities**

Health care is responsible for close to 5% of global net emissions^{2,3}. To put this into perspective, if it were a country, the health sector would rank fifth after the top three global greenhouse gas emitters, the USA, China and the EU². In Austria, the health system is estimated to generate around 7% of the national CO₂ footprint^{4,5}. Although health systems make a considerable contribution to climate change, there is also room for mitigating the impact of the sector on the environment, with evidence on the specific actions that can bring about effective change and the potential health, economic and social co-benefits of such interventions progressively emerging^{2,6}. This has prompted Austria to increasingly dedicate resources towards the climate change mitigation and adaptation of its health system within a wider frame of policies directed at securing the environmental sustainability of its economy and public apparatus. This momentum is reflected in the institution of a new Competence Centre for Climate and Health within its national Public Health institute, *Gesundheit Österreich* (hereafter GOEG)⁷. As part of its entrusted portfolio, this new entity gathers expertise across the research, practice and policy interfaces to promote sustainable strategies for the Austrian health system and provide the evidence base to inform climate-conscious decision-making⁸. In 2022, the Competence Centre launched the pilot project *Beratung klimafreundliche Gesundheitseinrichtungen* (Consulting for climate-friendly health care facilities) aimed at supporting health care facilities across Austria with identifying, planning and implementing initiatives that allow them to move towards climate neutrality in coming years⁴. The ultimate goal of the project is to develop a tailored action plan for each participating facility and to ease access to financial support mechanisms that can enable their implementation. Participation in the project was open to different types of health care facilities spread across the national territory, including specialist and general medicine practices, pharmacies, long-term care and rehabilitation facilities, and hospitals.

The first project phase, which concluded in December 2022, yielded a formulation of preliminary findings and suggested measures that could potentially aid health care facilities with reducing their greenhouse gas footprint. Measures grouped along nine main areas of intervention were put forward, including the following⁴:

1 **Infrastructure**

Renew buildings by introducing better insulation and more efficient pumps and filters, optimising heat recovery and ventilation systems, installing LED lighting and choosing greener coolants.

2 **Energy**

Enhance the energy efficiency of facilities and expand the **use of renewable energies** by installing photovoltaic systems on available surface areas (for example, roofs and open areas), using solar thermal systems, using waste heat and electricity to run steam generation systems and optimising cooling, heating, ventilation and hot water systems.

3 **Green spaces**

Create more green spaces to promote biodiversity, including through facade and roof greening and unsealing surfaces.

4 **Mobility**

Potentiate availability and use of **greener transport modalities** by expanding infrastructure for charging electric vehicles, incentivising the use of public transport or green transportation by clients, patients and staff as well as establishing sharing concepts and providing company vehicles for use by staff.

5 **Resource and waste management**

Improve the use and management of resources, including recycling and waste separation practices, performing waste analyses and introducing more reusable packaging.

6 **Sustainable procurement**

Redesign procurement practices to include environmental considerations, including when selecting suppliers and products (cleaning agents, paper, medical devices, etc.).

7 **Food provisioning**

Offer more organic, seasonal and regional food, while reducing the share of meat and animal products and optimising food waste management.

8 **Awareness raising and communication**

Raise awareness among employees by offering training, information material and events, and conduct communication campaigns.

9 Organisational integration of climate change mitigation

Integrate environmental management approaches

and drive organisational change, including through the institution of climate teams/sustainability managers.

The project is set to continue beyond 2023, with additional health care facilities expected to access the advisory support organised by the Competence Centre. In addition, the Competence Centre plans to develop and offer training opportunities on climate management practices to support the facilities in building expertise among their workforce. Furthermore, the Competence Centre aims to demonstrate the benefits and advantages of mitigation and climate protection measures such as cost reduction, climate-friendly and health-promoting environments for employees and patients, image building and employer branding of health care facilities, contributing to resilience and security of supply.

Although Austria offers a number of national funding instruments that can support the practical implementation of the above-mentioned measures, the envisaged EU Health Resource Hub would be commissioned with identifying potential funding opportunities at EU level that may complement these resources and aid health care facilities in Austria with submitting applications to finance their greening initiatives. To narrow down the scope of possible uses for EU funding to emerge from this project, a consultation with relevant stakeholders was held in Vienna in February 2023 (Box 1).

1.2.2 Belgium: Implementing population health management approaches for integrated care

Integrated care is a multifaceted and evolving concept without a universally accepted definition. According to WHO Europe, it can be used to describe the health care that is organised in a way that aims to provide a continuum set of services to patients based on their needs, as well as a health system approach that is based on the multidimensional needs of individuals and the overall population⁹.

The use of the integrated care concept in Belgium started in 2008 with the national plan *Priority to Chronic diseases*¹⁰. First used as a response to the needs of specific patient groups, integrated care in Belgium later evolved into a more comprehensive approach. In 2015, Belgium adopted a Joint plan, *Integrated Care for Better Health*, which involved both the government and local actors and was approved by all competent national and regional Ministers of Public Health. The overall goal of the Joint Plan was aligned with the Triple Aim, a concept introduced in 2007 by the Institute

Box 1. TSI EU Health Resource Hub national kick off meeting in Austria: Priority setting with participating hospitals.

A national kick off meeting was held in Vienna, Austria at the start of this TSI project. Among the participants, there were representatives from the hospitals who have adhered to the GOEG's pilot project on *Consulting for climate-friendly health care facilities*. When discussing priorities and possible areas of intervention in which EU support could be of added value, specific needs were identified, with a focus on infrastructure, energy efficiency and renewable energy sources. These included financial and administrative support for the realisation of:

- Photovoltaic systems
- Energy efficient steam sterilisation systems (no longer powered by gas) and hospital laundry systems

Other areas of need included:

- Mobility: Developing solutions for rural areas, including charging stations for electric vehicles
- Sustainable procurement, water and waste management: Setting up biogas facilities, intervening in hospital kitchens/cafeterias/restaurants
- Buildings: Installing LED lights
- Communication, training and awareness: Capacity building and developing know how among hospital staff

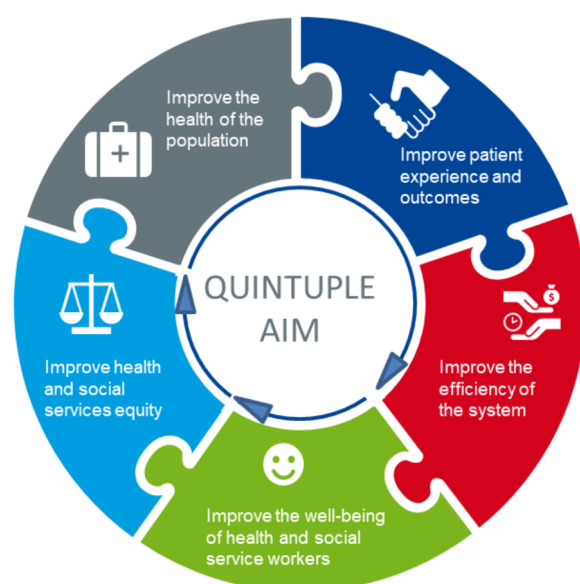
of Health Care Improvement, which defines three essential aims (better patient experience, improved health outcomes and lower costs) to drive health care transformation^{11,12}. Still focusing on specific patient groups (chronic disease patients, fragile elderly populations, mental health care), the 2015 Joint Plan was concluded during the implementation of the Sixth State Reform, which generated important changes in the organisation and delivery of care and organisational challenges for all governments, as federal entities received more competencies regarding health care. Seven years later, the Belgian Health Care Knowledge Centre (KCE) was tasked to review the implementation of the 2015 Joint Plan and formulate recommendations for the future of integrated care in Belgium. In its 2022 report¹³, KCE assessed the maturity of integrated care in Belgium and identified action points for the future of integrated care policy, based on stakeholders' (care professionals, managers, policy-makers) experiences and communicated needs. Overall, KCE identified a perceived lack of coordination and scarcity of integrated care initiatives across Belgium.

To identify priorities for next steps, KCE arranged a consultation process and identified the following priorities to enhance integrated care in Belgium¹³:

- **Define a clear policy framework**, by coordinating initiatives and reforms at all levels of governance.
- **Use a territorial approach**, by identifying the population needs and relevant cooperating partners per zone.
- **Strengthen the collaboration between the various actors**, by setting up multidisciplinary networks centred around patients.
- **Reform the current financing model**, by the creation of alternative financing mechanisms that incentivise quality of care and are not solely based on fee-for-service payment schemes.

The results of the KCE 2022 report were considered in Belgium's elaboration of a new 2023–2024 *Inter-Federal Plan for Integrated Care*. Since the previous Joint Plan in 2015, the Triple Aim concept has evolved into the Quintuple Aim (Fig. 1), which not only aims for better patient experience, improved health outcomes and enhanced efficiency of the health system, but also for a more equitable system that accounts for the well-being of its health workforce¹², two dimensions that will similarly be included in the upcoming Inter-Federal Plan.

Figure 1 The Quintuple Aim



Source: Obtained from reference 14 with permission.

In June 2022, the Ministry of Health convened a consortium of external consulting partners, the WeCare consortium, to contribute to the development of the Inter-Federal Plan and its piloting projects. WeCare identified 13 preliminary topics of interest, which

include a comprehensive range of policy elements, from enhancing integrated care culture to concrete tools for supporting integrated care in daily practice. Hence, with the new Inter-Federal Plan, Belgium aims to move from an initial convention (2017–2022) focusing on chronic patients and other specific patient groups to a transition convention (2023–2024) targeting the whole population. The Inter-Federal Plan is currently being drafted and its implementation is set to start in December 2024.

For the Belgian case study, this project focuses on the implementation of population health management (PHM) approaches for integrated care at the loco-regional level or meso-level (see Section 2.1.2. Belgium). PHM is based on the evaluation of the performance of the health care system regarding the health of defined populations. PHM uses both historical and current data to understand and assess populations' and individuals' health outcomes. The use of PHM approaches aims at improving these health outcomes as well as better defining the health system's priority actions and optimising costs of targeted groups of individuals^{15–17}. As such, data are key for the use of PHM approaches at all levels of the health system. Yet, the data landscape in Belgium is fragmented and there is no common platform to collect and analyse these data as a whole¹³. To enable an integrated care approach based on population health needs, Belgium envisions developing a digital dashboard, which would build on the existing European, national and regional databases, while enabling flexibility to include new data relevant to PHM analysis. The overall goal is to facilitate PHM use at the meso-level and to contribute to enhancing integrated care across the health care system.

This TSI project aims at supporting Belgium in accessing EU funding to design and develop such a digital platform or dashboard. Following the national kick off meeting held in Brussels on January 2023, Belgium identified two relevant areas that could benefit from EU funding:

- Development of a single digital dashboard and its related IT infrastructure to facilitate the collection and linkage of all relevant databases and data sources
- Training of relevant stakeholders, including the health workforce, on PHM approaches and data collection and integration from the loco-regional level to the federal level

The mapping presented in this report focuses on these two areas (see Section 4.2. Belgium: Implementing population health management approaches for integrated care).

1.2.3 Slovenia: Strengthening access to primary health care outpatient clinics through a telephone triage and advice system

Strengthening primary health care has been a key policy priority for Slovenia in recent years. The process of developing a national strategy in this direction was first kicked off in 2016 and was subsequently informed by an analysis of the challenges and gaps in Slovenia's primary health care system performed by the World Health Organization (WHO) in 2019¹⁸. In 2021, a working group of primary health care experts was entrusted with preparing a guidance document, *Entry points for the strategy for the development of primary health care 2022–2031*, which sets the scene for a broader strategic agenda and calls for:

1. Equal access to comprehensive services
2. A strong focus on the patient and their empowerment
3. Quality of care and safe treatments
4. Strengthening of preventive services

The guidance document indicates the need to support the digitisation of health care processes and ensure sufficient human resources in order to improve the accessibility of the primary health care system¹⁹. The lack of physicians at primary care level is an important problem hampering universal access in Slovenia, which is also reflected in the number of vacancies and the high workload among general practitioners currently operating in the system. Further challenges relate to facilitating digitalisation processes in order to reduce administrative burden and better meet the needs of family doctors and health workers in the primary care setting²⁰. Throughout the COVID-19 pandemic, patient–doctor relationships and communication between patients and doctors have changed, with many patients starting to seek out health care and support via email and telephone. These practices have resulted in a large number of messages reaching providers in Slovenia and persisting beyond the most acute stages of the pandemic.

In this project, the aim of the Slovenian pilot is to improve access to primary health care outpatient clinics (*ambulant izbranega zdravnika* clinics). One way in which this may be achieved is by adopting alternative patient management processes, with evidence currently emerging around telephone triage systems to support the delivery of basic and non-urgent health services (Box 2). While a National Call Centre to provide patient assistance has been recently set up in Slovenia, it does not currently operate a triage system to manage non-emergency cases and, if needed, direct them towards

Box 2 Telephone triage systems: improving primary health care access.

Telephone triage systems offer an alternative and complementary way of delivering basic health services. The assistance provided usually entails rapid health status assessments and medical advice over the telephone, with the aim of identifying patients who require additional medical support in the primary care or hospital setting. Although still fairly sparse, some studies suggest that implementation of telephone triage systems can be associated with high levels of patient satisfaction and have the potential to reduce workload among health care providers²¹. However, the evidence around their effectiveness and safety is still largely inconclusive²¹. Adequate training of the personnel handling incoming phone calls, the development of standardised care protocols and the adoption of computerised decision support systems may represent viable options to strengthen the robustness of triage systems.

the right type of follow up care through primary care providers.

Although some primary care providers have started implementing digital entry points to manage first contacts with patients, there are currently no defined national or international guidelines/algorithms on how to implement such systems. By standardising the management process of incoming patient phone calls and requests, telephone triage and advice procedures can be wielded to improve the accessibility of outpatient clinics and, at the same time, maximise health care providers' capacity to care for different patient groups, including vulnerable patients who may have poor digital literacy or limited access to digital tools. As part of a wider framework of planned actions, Slovenia aims to invest in:

- Standardising handling of non-urgent phone calls through computer-aided telephone triage and advice for non-urgent health problems (including development of national guidelines/algorithms)
- Facilitating patient–doctor contacts, particularly for patients with limited digital skills
- Establishing a triage system at the existing National Patient Assistance Call Centre for patients, including those with limited digital literacy, to seek health advice on non-urgent health care
- Generating educational resources and training staff to ensure a safe and effective triage system
- Fostering population health literacy through services offered by the National Call Centre for Patient Assistance

The specific objectives of the pilot within this TSI project include identifying and leveraging EU support to

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help fund selected actions within the broader range of planned interventions listed above, including:

1. Introduction of a telephone triage and advice system, including automated telephone response systems
2. Upgrading existing telecommunication and/or digital infrastructure needed to ensure effective communication between the national call centre, patients and the primary care provider
3. Development of tailored training opportunities for staff to manage the triage system, including “train the trainer” programmes

2. Methodology for mapping EU tools relevant for the country pilot cases

The following sections describe the methodological approach used to fulfil the purpose of this work. First, the analytical frameworks for each of the three pilots are presented and explained; subsequently the main tenets of the literature review underlying the report's findings are described; finally, an overview of additional inputs from experts, including technical staff from the institutions managing the relevant EU support instruments, is provided.

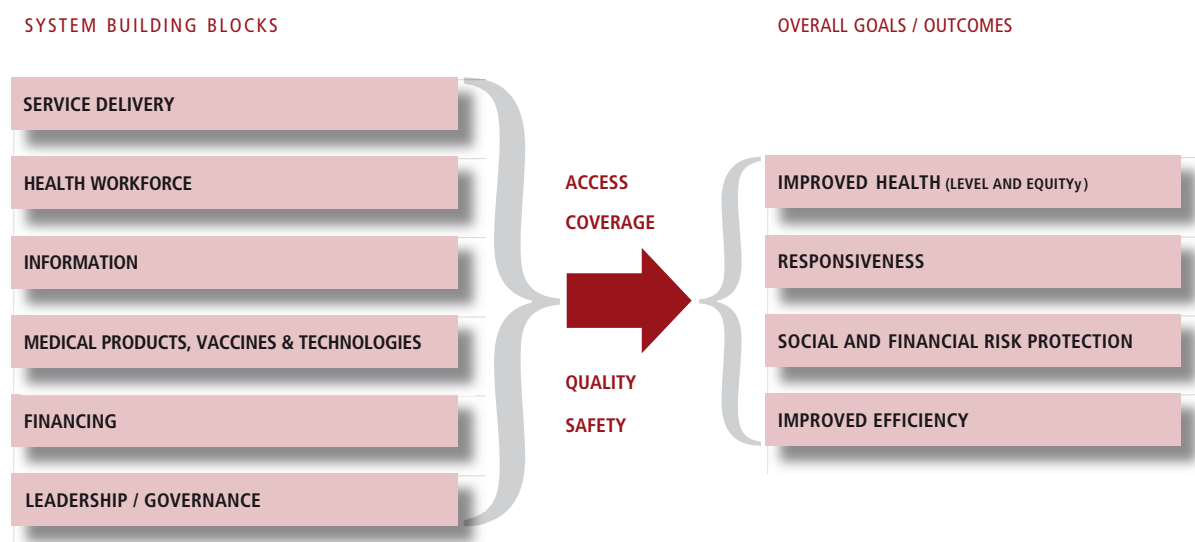
2.1 Analytical frameworks

In 2007, WHO developed a universal framework to describe health systems according to six core

components or building blocks, establishing a common standard that offers a stepping stone for better describing, coordinating and managing health system strengthening efforts. These include Service delivery, Health workforce, Financing, Medical products, vaccines and technologies, Governance and leadership, and Information²². The original framework illustrates how the building blocks relate to specific health system aims and desired outcomes, building on the 2000 World Health Report, which first introduced the basic functions ubiquitously carried out by health systems (Fig. 2)²³. Over time, it has evolved into one of the most widely known and applied frameworks to describe health systems, with slightly adapted versions of it developed and shared among the global public health community.

Figure 2 WHO Health System Framework

THE WHO HEALTH SYSTEM FRAMEWORK



Source: Reference 22.

As depicted in Fig. 3, one such adaptation conceived by de Savigny and Adam stresses the importance of incorporating a systems thinking perspective, arranging the building blocks in a flower shape to illustrate interactions between them and placing patients or people at the centre²⁴. We are adopting a similar framework for the purpose of this report, and for mapping how different EU resources can offer support that impacts different health systems' building blocks.

Figure 3 **Health systems building blocks:
Applying a systems-thinking
perspective**



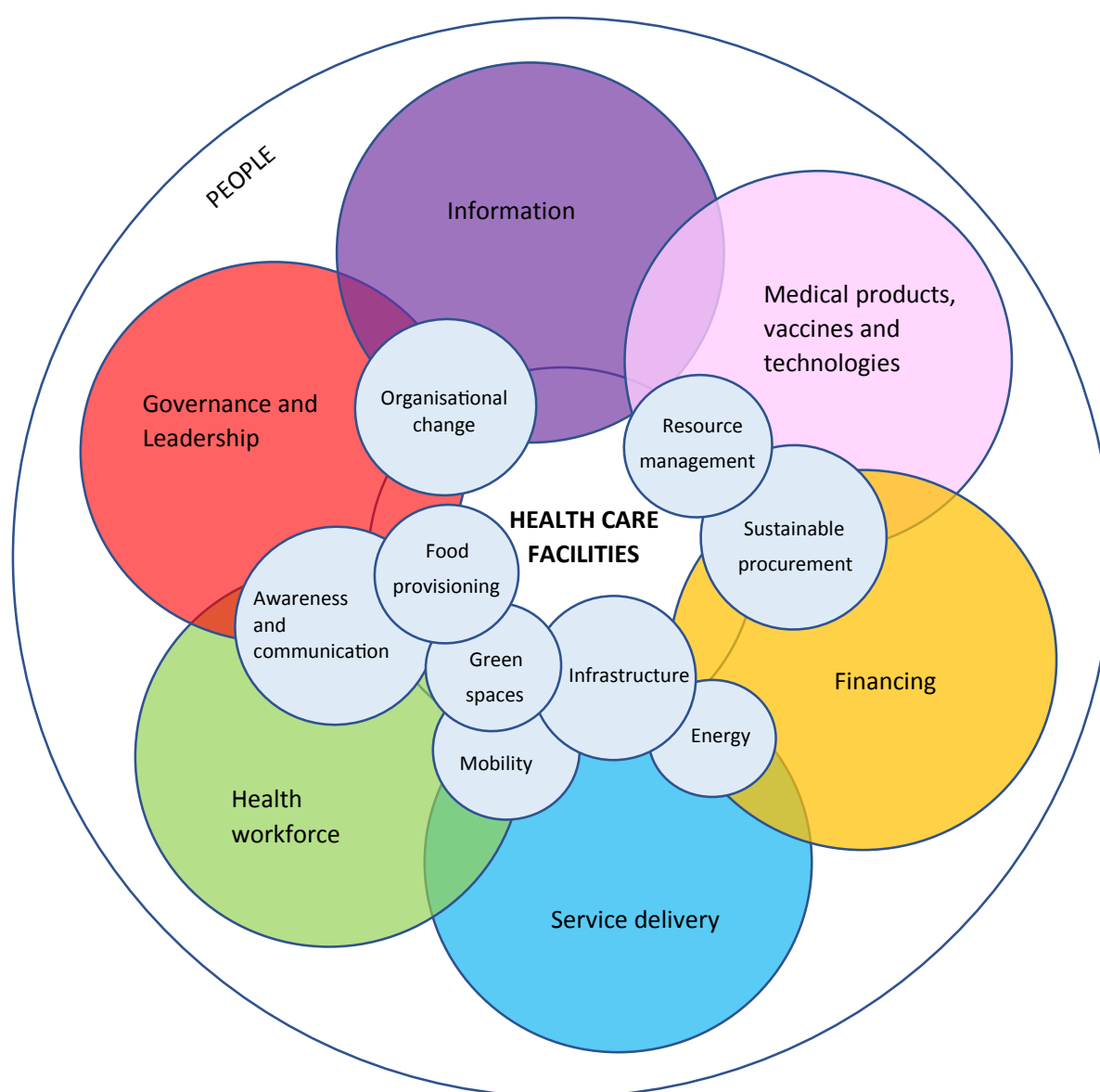
Source: Authors' compilation, adapted from reference 24.

2.1.1 Austria

As described in the introductory section, nine priority areas for intervention have been identified within the scope of the pilot project *Beratung klimafreundliche Gesundheitseinrichtungen* to address the climate footprint of health care facilities. These can be mapped across the component blocks in the adapted building blocks framework shown in Fig. 3, centred around the health care facilities in question – this represents the analytical framework used in this exercise to map EU instruments relevant for the Austrian pilot (Fig. 4). However, most types of actions are likely to influence

more than one building block at the same time. For instance, improving the energy efficiency of hospital infrastructure is likely to drive more sustainable health care delivery, while also generating economic co-benefits in the form of savings for the implementing health care facilities. Thus, the representation of interconnections in the visualisations used in this report is not exhaustive, but rather serves to highlight how actions aiming to mitigate the climate footprint of health care facilities can affect different health system components synergistically and the people implementing or being impacted by these actions.

Figure 4 **Adapting the health systems building blocks model: An analytical framework for Austria**



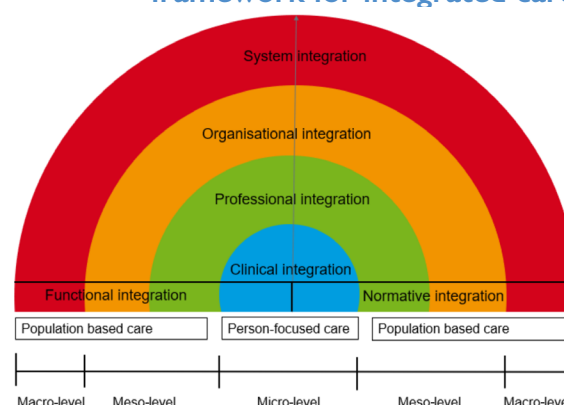
Source: Authors' compilation, adapted from reference 24.

2.1.2 Belgium

The reflections and discussions around the implementation of integrated care in Belgium are based on a conceptual framework, the Rainbow Model, originally designed for primary health care in Belgium and illustrating the different levels of integration of person-focused or population-based care (Fig. 5)^{13,25}. The vertical axis depicts the type of integration needed at the different levels. To centre care around patients' or populations' needs at the micro-level there is a need for clinical integration (for example, care delivery process); at the meso-level, there are needs for professional (for example, shared accountability) and organisational (for example, multidisciplinary networks) integration; and at the macro-level, there is a need for system integration (for example, holistic health policy approach). Moreover, the representation in concentric half-circles illustrates how each level will be impacted by the others. Finally, the horizontal axis depicts a continuum between functional integration, namely the integration of person-centred care through specific drivers such as information systems or payment methods, and normative integration, namely the integration through shared cultural values.

To develop the analytical framework for Belgium's pilot case (Fig. 6), the framework in Fig. 5 was combined with the health systems thinking adaptation of the building blocks²⁴. People are represented at the centre to illustrate the main characteristic of integrated care: care pathways are designed based on a person-centred approach, in which patients are the key elements of any service delivery. Clinical integration can be linked

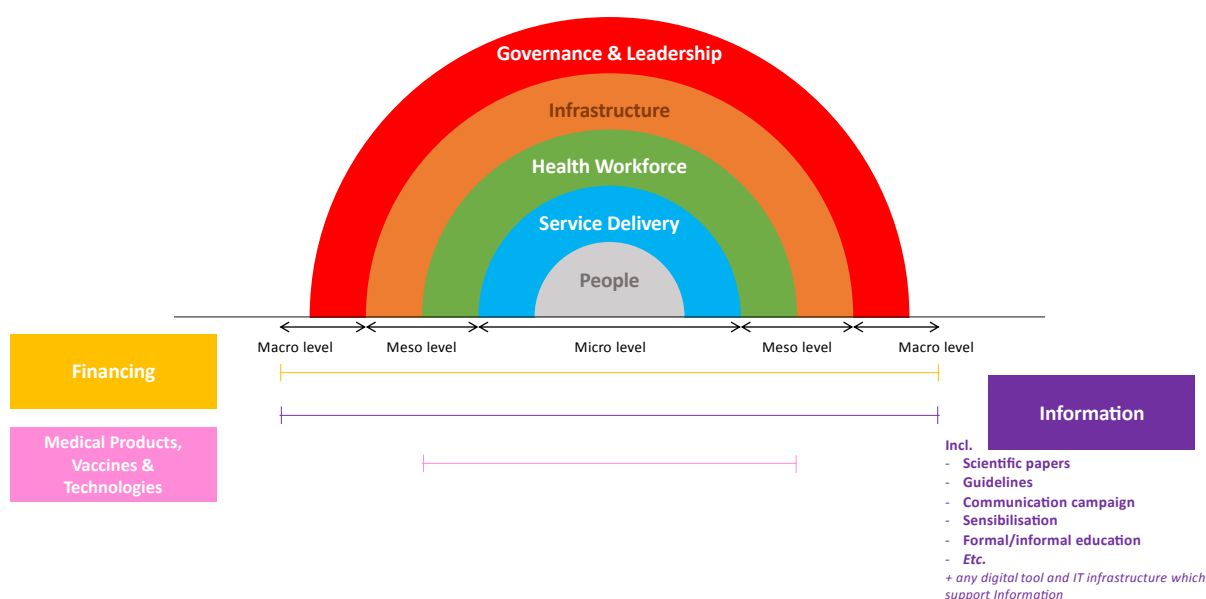
Figure 5 **Rainbow Model: A conceptual framework for integrated care**



Source: Obtained from reference 13, adapted from reference 25.

to the Service delivery building block, as professional integration can be linked to the Health workforce building block and system integration to the Leadership and governance block. Organisational integration cannot be easily linked to only one of the health systems building blocks; we have chosen to align it here with infrastructure, which in the context of integrated care can represent multidisciplinary networks or health care facilities that facilitate complex care pathways. In this way, the distinction between micro-, meso- and macro-levels presented in the introduction (see Section 1.2.2. Belgium: Implementing population health management approaches for integrated care) is maintained while integrating the associated building blocks. In addition to the concentric half-circles, the three remaining health system building blocks (Financing; Medical products, and Information) are represented.

Figure 6 **Tailored combined conceptual framework of integrated care in relation to the WHO health system building blocks**



Source: Authors' compilation, adapted from references 13, 24 and 25.

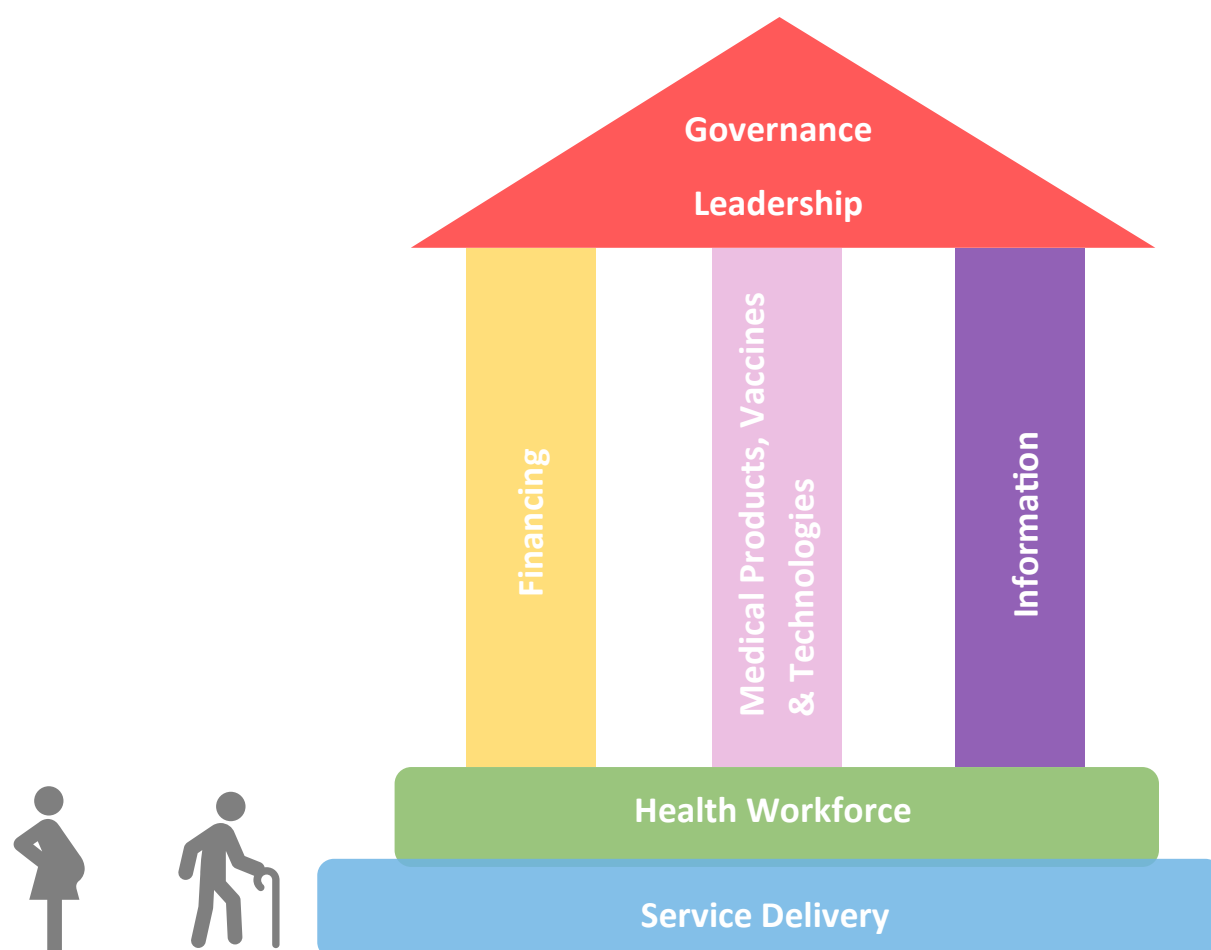
vaccines and technologies; and Information) are depicted according to their connections with the micro-, meso- and macro-levels of an integrated care system.

2.1.3 Slovenia

Slovenia's pilot case focuses on interventions that primarily contribute to strengthening two of the six health systems building blocks: 1. Service delivery, by strengthening the infrastructure to manage patient needs and deliver basic health services remotely; and 2. Health workforce, through creating appropriate skill sets for staff to manage the triage system. Nevertheless, the pilot is embedded within a broader context of a primary health care agenda aiming to strengthen the accessibility, quality and patient-centredness

of the Slovenian primary health care system. The analytical framework developed for Slovenia takes into consideration that initiatives within these two building blocks (that is, introduction of a telephone triage and advice system, upgrading existing telecommunication and/or digital infrastructure, and development of tailored training opportunities) are of transversal nature and represent the foundation, on which the organisational changes needed to implement the triage system will build. Within the framework, the remaining building blocks (Financing; Medical products, vaccines and technologies; and Information) rest on the two fundamental building blocks as columns allowing the structure to be upheld, with Governance and leadership roofing and ultimately ensuring the effective functioning of the system (Fig. 7).

Figure 7 **Adapting the health systems building blocks model: An analytical framework for Slovenia**



Source: Authors' compilation, adapted from reference 22.

2.2 Literature review

A literature review was conducted to identify existing EU resources available for Member States to support health system reforms tailored to the reform priorities reflected in the three chosen pilot cases. The primary sources consulted included online materials, such as official statements, reports, websites and communications, from relevant public institutions with a focus on EU institutions and official government sources from the three participating Member States. These were supplemented by other literature sources where relevant, including scientific and grey literature.

2.3 Surveys and interviews

The information collected from publicly available sources was used to produce a preliminary mapping of relevant EU instruments. In a second stage, a targeted survey was designed and submitted to contacts within the European Commission's Directorate Generals, Executive Agencies and other EU institutions in charge of managing the EU funds identified in the preliminary mapping stage (Survey responses were collected from and/or interviews conducted with contacts in the European Investment Bank, DG EMPL, DG EAC, DG ENV, DG ECFIN, DG RTD, DG REGIO, HaDEA, REA, CINEA.) The survey template consisted of four short questions on funding instruments (and three additional questions if the DG's portfolio also included advisory services), which were tailored accordingly before being submitted for feedback from the Commission counterparts (Box 3).

All received survey responses were incorporated into this report and fed into the final mapping presented in following sections. In selected cases, follow-up interviews

Box 3 Survey questions on EU funding instruments and advisory services.

1. How can your funding instrument support the three pilots involved in this project? What are the instrument's main objectives?
2. What are the eligibility and application criteria for Member States seeking to access this instrument? Can you highlight some characteristics of applications likely to be successful?
3. Can you share any best practice examples of Member States/ success stories using this instrument, which may be relevant to the three pilots?
4. Are there any other EU support tools that you are aware of, which may be helpful?

On advisory services:

5. What kind of advisory services does "your" instrument/hub/centre/node offer?
6. What is the process after the Member State applies for an advisory service? (for example, defining the need and support measures, mobilisation of the experts and the project team, timeframe of advisory services)
7. What is the scale of the advisory services offered by "your" instrument/hub/centre/node? How many projects do you support per year?

ranging from 15 to 45 minutes were conducted to obtain further information on the instruments and services offered at EU level.

3. Catalogue of mapped EU instruments

The EU disposes of many funding instruments through which it can promote its policies and support a multitude of projects across the Member States. EU funds follow a multi-year cycle of financial planning, the multiannual financial framework (MFF), which lasts 7 years and sets out how the available money should be spent. Each instrument has a legal basis and an allocated budget, which runs for a consecutive 7-year period, and is managed by a different policy branch (represented by Directorate Generals and Executive Agencies) within the European Commission. Funding is further distributed across annual work programmes, which outline the budgetary allocations and policy priorities for spending each year. The current MFF runs from 2021 through to 2027.

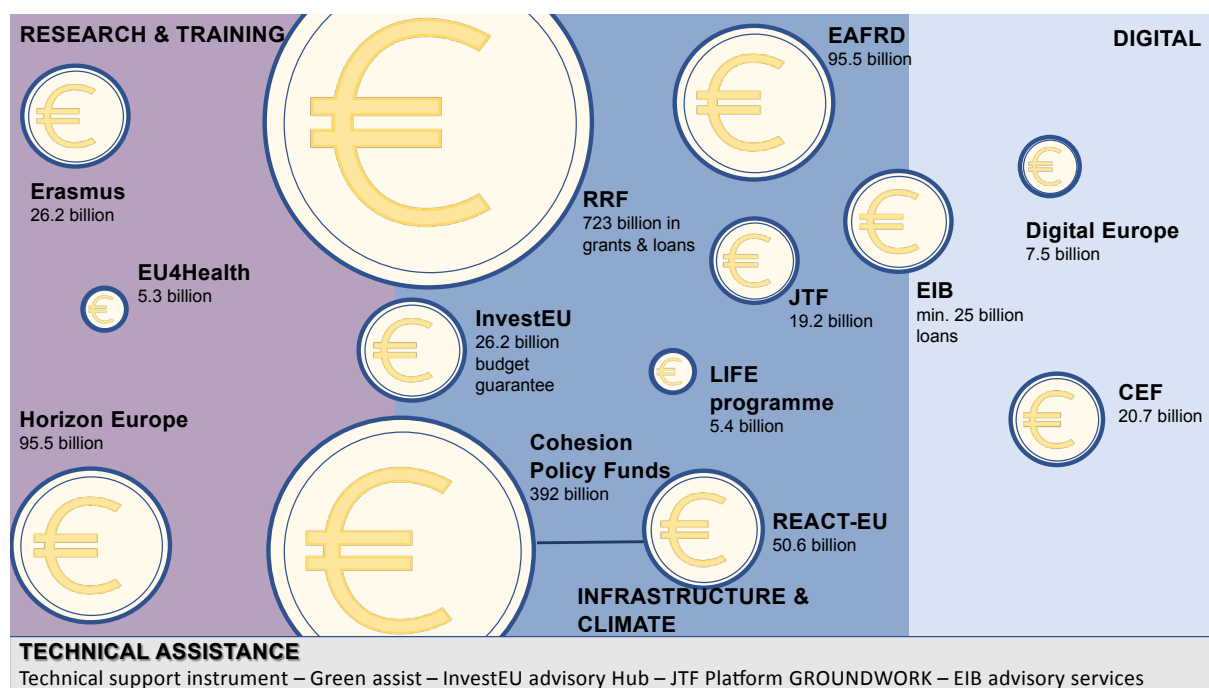
Some EU funds are centrally managed, administered and disbursed to beneficiaries by the European Commission (direct management), such as the Recovery and Resilience Facility (RRF) instrument, while others (approximately 70% of all funds) are subject to shared management agreements stipulated between the Commission and the Member States, such as the European Regional Development Fund (ERDF)²⁶. When this is the case, calls for proposals are organised at national level and interested applicants can exclusively apply through appointed national managing authorities. Funds may also be managed by a partner organisation (indirect management), such as the European Investment Bank (EIB)²⁶. Understanding which type of management applies to an instrument can facilitate the process of identifying relevant calls and drafting an application. Another distinction regards the provision of grants versus other types of financial support to supplement national funding opportunities. Although many of the instruments discussed in this report fall into the former category, other types of financial instruments, such as loans or equity, may sometimes be required to implement particularly large (infrastructure) projects.

Comprehensive overviews of EU health policies and instruments can be found in previous Observatory publications^{1,27}. This section introduces the most relevant EU instruments identified during the mapping exercise in order of budgetary size (Fig. 8). It briefly presents the objectives and framework conditions (including budget, timeline, application and eligibility criteria) for each of them and how they relate to each other. In subsequent sections, the possible practical application of these instruments is further elucidated for each pilot case and national context (see [Section 4. Case studies: relevant EU support for country pilots](#)).

Fig. 8 showcases available instruments along with their potential areas of intervention relevant to this project (three core intervention areas and the overarching application of technical assistance). It should be noted that the scope of the mapping exercise focused on the three country pilots; instruments targeting other elements may not have been captured. Some of these instruments have a wide-ranging application and may be used to support all three types of intervention: Research and Training, Infrastructure and Climate, and Digital. For simplicity's sake, they are represented here according to the area(s) they are most likely to support. Similarly, different types of technical assistance may be better suited to support interventions in a specific policy area, although they may also have a broader mandate.

Table 1 summarises the main information of interest from the mapped instruments. It is followed by succinct fact sheets per instrument, with additional information included in [Annex 1](#). In this section, the EU instruments are ordered based on their budgetary size, from the largest budget to the smallest. Technical assistance instruments are presented in a separate section (see [Section 5. Advisory services to support implementation](#)).

Figure 8 EU instruments by budgetary size and main areas of intervention supported



Source: Authors' compilation.

Table I Summary of the main information of interest from the fact sheets

Instrument	DG and/or Executive agency responsible	Area of support (Research & Training; Infrastructure & Climate; Digital)	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single- vs. multi-country projects	Budget size	Where and when to apply?
Recovery and Resilience Facility (RRF)	DG ECFIN RECOVER	Research & Training; Infrastructure & Climate; Digital	Funding (Grants, Loans) ²⁸	Direct (and indirect) management ^{26,29}	There is no obligation to include cross-border projects ^{28,30}	EUR 723.82 billion ²⁹	National RRP already approved. Eventual funding opportunities are country specific ^{28,29,31}
Cohesion Policy Funds³²							
European Regional Development Fund (ERDF)	DG REGIO	Research & Training; Infrastructure & climate; Digital	Funding (Grants) ³³	Shared management ³⁴	Cooperation between regions and countries is not required, but possible ^{34,35}	EUR 200 billion including: EUR 537 million for AT; EUR 1.15 billion for BE; EUR 1.54 billion for SI ³⁴⁻³⁶	Member State specific. Refer to the managing authority of the concerned country and/or regions ^{34,35}
European Social Fund Plus (ESF+)	DG EMPL	Research & Training	Funding (Grants)	Shared (and direct) management ^{26,37}	Cooperation between regions and countries is not required, but possible	EUR 99.3 billion including: EUR 393.6 million for AT; EUR 1.3 billion for BE; EUR 665 million for SI ^{36,38}	Member State specific. Refer to the managing authority of the concerned country and/or regions ³⁹⁻⁴¹
Just Transition Mechanism							
Just Transition Fund	DG REGIO DG EMPL CINEA	Research & Training; Infrastructure & Climate; Digital	Funding (Grants) ⁴²	Shared management ^{42,43}	Specific conditions are call and country specific ⁴²⁻⁴⁷	EUR 19.2 billion ⁴²⁻⁴⁷	Member State specific ⁴²⁻⁴⁷
Public Sector Loan Facility (PSLF)	DG REGIO CINEA	Infrastructure & Climate; Digital	Funding (Grants, loans) ⁴⁸	Direct management	Applicants apply independently but may participate with affiliated entities or association partners ⁴⁸⁻⁵⁰	EUR 1.5 billion in grants + up to EUR 10 billion in loans (provided by the EIB) ⁴⁸	Deadlines dates: 20 Sep 2023; 17 Jan 2024; 17 Apr 2024; 19 Sep 2024; 16 Jan 2025; 15 Apr 2025; 11 Sep 2025 ⁵⁰

Table I Summary of the main information of interest from the fact sheets (continued)

Instrument	DG and/or Executive agency responsible	Area of support (Research & Training; Infrastructure & Climate; Digital)	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single- vs. multi-country projects	Budget size	Where and when to apply?
Horizon Europe	DG RTD HaDEA	Research & Training; Digital	Framework programme; Funding (Grants, Prizes, Public procurement, Member/ Observer contributions) ^{51–55}	Direct (and indirect) management ^{26,56}	Most calls for proposals should be submitted as a team of at least three partner organisations from three different EU or associated countries ^{54,55}	EUR 95.5 billion ^{52,53}	Calls for proposals can be found on the EU Funding & Tenders portal ⁵⁷ . Online application form. Scope and deadlines are call specific ^{54,55}
European agricultural fund for rural development (EAFRD)	DG AGRI	Infrastructure & Climate	Funding (grants, equity, loans, guarantees) ^{58–60}	Shared management ⁵⁹	Based on the rural development programmes which may be prepared on either a national or regional basis ^{58–60}	EUR 95.5 billion ^{58–60}	Calls for proposals can be found on the EU Funding & Tenders portal ⁵⁷ . Scope and deadlines are call specific ^{58–60}
InvestEU	DG ECFIN EIB	Research & Training; Infrastructure & Climate; Digital	Funding (Public–private investment loans, equity and guarantee) ^{61–63} ; Advisory Support (project advisory, capacity building, market development) ^{61–63}	Indirect (and direct) management ^{26,61}	Two or more member states may enter into a joint contribution agreement with the Commission, but not necessary to apply ^{61–63}	EUR 372 billion in investments for the 2021–2027 period based on an EU budget guarantee of EUR 26.2 billion ^{61–63} EUR 400 000 for advisory support ^{61–63}	Project initiators should reach out directly to implementing partners in order to explore appropriate financing options based on the financial instruments backed by the EU guarantee ^{61–63}
Erasmus+	DG EAC	Research & Training	Funding (grants) ^{64,65}	Indirect (and direct) management ^{66,67}	Projects should always have a European dimension. Minimum number of Member States to include may vary depending on the chosen programme ^{64,65}	EUR 26.2 billion ^{64,65}	Detailed information on opportunities, scopes, deadlines and application can be found in the programme guide ⁶⁵

Table I Summary of the main information of interest from the fact sheets

Instrument	DG and/or Executive agency responsible	Area of support (Research & Training; Infrastructure & Climate; Digital)	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single- vs. multi-country projects	Budget size	Where and when to apply?
European Investment Bank (EIB)	EIB Group	Infrastructure & Climate; Digital, Research & Training	Funding (Loans, Equity, Guarantees, Advisory services, Mandates and partnerships) ^{68–70} Advisory Support ^{68–70}	Indirect management ^{68–70}	EIB provides loans to individual countries, cities, regions, and project promoters rather than to multiple countries, but joint applications are possible ^{68–70}	Starting at EUR 25 million ^{68–70}	Detailed information on how to apply can be found on the EIB website ^{68–70}
Connecting Europe Facility (CEF)	DG ENER DG MOVE DG CNECT HaDEA (CEF Digital) CINEA (CEF Energy)	Infrastructure & Climate; Digital	Funding (grants, loans, guarantees and high-risk funding) ^{71–75}	Direct and indirect management ⁷²	Applications can be put forward by a single EU Member State, or in collaboration with other Member States ^{71–75}	EUR 33.71 billion including EUR 5.84 billion for CEF energy; and EUR 2.07 billion for CEF digital	Calls for proposals for CEF Digital can be found on the HaDEA platform ⁷⁶
Digital Europe	DG CNECT HaDEA	Digital	Funding (grants) ^{77–79}	Direct and indirect management ^{77–79}	The application can be submitted in cooperation with partners as well as independently ^{77–79}	EUR 7.5 billion ^{77–79}	Call for proposals can be found on the EU Funding & Tenders portal ⁵⁷
LIFE programme	DG ENV CINEA	Research & Training; Infrastructure & Climate; Digital	Funding (Grants) ^{80,81}	Direct (and indirect) management ⁸²	Applications can be submitted with partners from one country or multiple countries ^{80–84}	EUR 5.4 billion ^{80–84}	Calls for proposals can be found on the CINEA platform ⁸⁵
EU4Health	DG SANTE HaDEA	Research & Training; Digital	Funding (grants) ^{86–88}	Direct and indirect management ⁸⁷	Projects should always have a European dimension ^{86–88}	EUR 5.3 billion ^{86–88}	Calls for proposals for can be found on the HaDEA platform ⁷⁶ Calls for tenders can be found on the EU eTendering platform ⁸⁹

Source: Authors' compilation based on information obtained from European Commission sources as cited within the table.

RECOVERY AND RESILIENCE FACILITY

POLICY AREA: Economic and social policy

AREA OF SUPPORT: Research & Training; Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Depends on the National Resilience Plans

BUDGET: EUR 723.8 billion (including EUR 338 billion in grants and EUR 385.8 billion in loans)²⁸

BACKGROUND

Key instrument of the Next Generation EU recovery plan, the RRF is a temporary recovery instrument that offers grants and loans to support reforms and investments in the EU Member States. It is structured around six pillars³¹:

- Green transition
- Digital transformation
- Smart, sustainable and inclusive growth
- Social and territorial cohesion
- Health, and economic, social and institutional resilience
- Policies for the next generation

OBJECTIVES

As it aims at mitigating both the economic and social impact of the COVID-19 pandemic, the RRF goal is to make European economies and societies more sustainable, resilient and better prepared for the green and digital transitions²⁹.

GOOD TO KNOW

The RRF allows the European Commission to raise funds on behalf of the EU to support Member States in investing and implementing reforms. To benefit from the RRF, Member States have had to submit a recovery and resilience plan to the European Commission that sets out the reforms and investments to be implemented by the end of 2026. This plan should be in line with the EU priorities, address the challenges previously identified in the European semester country-specific recommendations, and contribute to the green and digital transitions.

Member States can then receive financing up to the agreed allocation. The RRF is performance-based and the regular payments need to be unlocked through the fulfilment of agreed milestones and targets.

When relevant, more details on national recovery and resilience plans can be found in the countries' case study Sections.

COHESION POLICY FUNDS

POLICY AREA: Regional cohesion policy

AREA OF SUPPORT: Research & Training; Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Medical products, vaccines & technologies

BUDGET: EUR 392 billion³²

BACKGROUND

Previously known as the European Structural and Investment Funds (ESIF), these funding instruments are collectively one of the largest and oldest EU financial instruments. With an overall budget of EUR 392 billion (2021–2027), these funds are combined with national co-financing to realise different projects in Member States. The Cohesion Policy Funds include the following instruments (the instruments relevant to the countries' case studies are highlighted in bold):

- The Cohesion Fund
- **The European Regional Development Fund (ERDF)**
- **The European Social Fund Plus (ESF +)**
- The Just Transition Mechanism (JTM), which includes the **Just Transition Fund (JTF)**, the **Public Sector Loan Facility (PSLF)**, and the *Just Transition Platform*.

EU Regulation 2021/1060 sets up a common rule book which governs the planning and implementation of these programmes⁹⁰. As part of the Cohesion Policy's response to COVID-19, another financing tool, REACT-EU, was called into life to increase available funding and support the longer term recovery of the Union's regions from the pandemic⁹¹. REACT-EU constitutes an additional funding of EUR 50.62 billion to the 2014–2020 cohesion allocations and was distributed to eligible Member States in 2021 and 2022 through ERDF, ESF+, and the European Fund for Aid to the Most Deprived (FEAD).

OBJECTIVES

Broadly, the aim of these funds is to strengthen the economic, social and territorial cohesion between different regions and to promote balanced social and economic development across the EU. For the period 2021–2027, the Cohesion Policy funds support actions in five key priority areas:

- Greener Europe: promoting a clean energy transition, green investment, a circular economy, climate change mitigation and adaptation measures
- Connected Europe: enhancing mobility
- Inclusive Europe: implementing the European Pillar of Social Rights
- A Europe closer to citizens: fostering sustainable development at territory and local level

The individual Cohesion Policy instruments are presented in further detail in the following pages.

GOOD TO KNOW

Within the scope of the Cohesion Policy funds, a partnership agreement and operational programmes are stipulated between the European Commission and the Member State managing authorities. The disbursement of funds reflects the implementation of actions foreseen by these programmes.

Investments from the ERDF may be supplemented by complementary investments and programmes from the ESF+.

EUROPEAN REGIONAL DEVELOPMENT FUND (ERDF)

POLICY AREA: Regional cohesion policy

AREA OF SUPPORT: Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Medical products, vaccines & technologies

BUDGET: EUR 200 billion (including initial allocations by country: EUR 537 million to Austria; EUR 1.15 billion to Belgium⁹²; EUR 1.54 billion to Slovenia³⁶)

BACKGROUND

The ERDF has traditionally funded numerous health infrastructure projects, including modernisation projects and the roll out of new digital infrastructure, which have been particularly beneficial to some of the newer EU Member States. For the 2021–2027 period, funding opportunities are focused primarily on the first two overarching policy objectives of the Union's Cohesion Policy.

OBJECTIVES

The ERDF's primary objective is to fund projects aimed at correcting regional imbalances across the Union. Particularly regions that are experiencing specific social, economic or demographic challenges can receive financial support to reduce disparities with other European regions³⁴.

ELIGIBILITY

Eligible organisations include public institutions, universities, associations, non-governmental organisations (NGOs), voluntary organisations, as well as some private sector organisations (including small businesses).

Funding is usually allocated directly to projects, not authorities. This requires interested parties to submit a project proposal for funding.

There is no minimum size or minimum number of participating organisations for projects³⁵.

APPLICATION PROCESS

ERDF funding is under shared management by the European Commission and competent regional and national authorities in Member States. Applications are processed and evaluated by managing authorities, which can be found for each country on the European Commission's website⁹³. They are in charge of running calls for project proposals, selecting which projects to finance and supervising implementation, with objectives for financing projects laid out in tailored Operational Programmes for each region.

GOOD TO KNOW

30% of the overall allocated funding must be spent towards climate objectives, 8% towards sustainable urban development.

Funding allocation varies by regional development status:

More developed regions must dedicate at least 85% to the first two Cohesion Policy objectives (a smarter and greener Europe), transition regions are to spend at least 40%, and less developed regions at least 25% on the first policy priority (smarter Europe), respectively.

The ERDF is compatible with other funding instruments, notably Horizon Europe, where different types of synergies can be possible, including simplified selection processes based on seals of excellence, transfer of funds across instruments or cumulative funding of the same project.

EUROPEAN SOCIAL FUND PLUS (ESF+)

POLICY AREA: Social development and cohesion policies

AREA OF SUPPORT: Research & Training⁴¹

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce

BUDGET: EUR 99.3 billion (included EUR 393.6 million to Austria; EUR 1.3 billion to Belgium³⁶; EUR 665 million to Slovenia)

BACKGROUND

The ESF+ finances the implementation of the European Pillar for Social Rights through actions in the areas of employment, education and skills, and social inclusion. For the 2021–2027 period, ESF+ supports the fourth overarching policy objective of the Union's Cohesion Policy.

Most of the fund is run under shared management. Support under the ESF+ is operated by the Member States who are responsible for planned actions' implementation and budget allocation. The European Commission only plays a supervisory role by monitoring the implementation and reimbursing the expenditure but is ultimately accountable for the budget^{39,40}.

OBJECTIVES

The ESF+ primarily supports social inclusion and integration, but also efforts to reduce unemployment and education and training opportunities, through notably youth employment measures, skills development and enhancement of the population's access to social services of general interest⁹⁴.

ELIGIBILITY

The European Commission and Member States agreed on the key priorities for ESF+ investment for the 2021–2027 period and accordingly set out national and regional programmes⁹⁵. Projects' eligibility to apply for funding may therefore differ from one Member State to another. Funding can be allocated to a wide range of organisations (public bodies, private companies and civil society)⁴¹.

APPLICATION PROCESS

Applications are processed and evaluated by managing authorities, which can be found for each country on the European Commission's dedicated website⁹⁶. They are in charge of running calls for project proposals, selecting which projects to finance and supervising implementation, with objectives for financing projects laid out in tailored national and/or regional Operational Programmes.

GOOD TO KNOW

Budget allocation is set per country and the EU is co-financing 50–95% of that budget depending on the area of investment and the development level of the region in which the activities are taking place.

Following the establishment in 2021 of the European Child Guarantee, the ESF+ budget for Member States with a higher than EU average level of child poverty should include at least 5% to tackle child poverty⁹⁵.

JUST TRANSITION MECHANISM

POLICY AREA: Just transition and climate policy

AREA OF SUPPORT: Research & Training; Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Medical products, vaccines & technologies

BUDGET: JTF: EUR 19.2 billion; PSFL: EUR 1.5 billion in grants + up to EUR 10 billion in loans (provided by the EIB). The grant component is a fixed lump sum of 15% of the loan component (or 25% if the project is located in a less developed region)^{43,45}.

BACKGROUND

The Just Transition Mechanism (JTM) has three strands: the Just Transition Fund (JTF), the Public Sector Loan Facility (PSLF), and the Just Transition Platform. With this new mechanism, all Member States were required to design and submit Territorial Just Transition Plans, outlining which regions in their national territories should receive funding to mitigate the impacts of climate change. In particular, territories with carbon-based economies are featured in these plans⁴²⁻⁵⁰.

OBJECTIVES

The JTM is dedicated to ensuring a just transition towards climate neutrality across those European regions most likely to be affected by the climate crisis. The JTF is a grant-based instrument that aims to diversify local economies and support skill development, including the upskilling and reskilling of workers, as well as provide investment in the following areas: Investment in Small- and Medium-sized Enterprises (SMEs); research and innovation; Environmental rehabilitation; Clean energy and transformation of carbon-intensive installations; Job search assistance and professional development.

The PSLF combines grants and loans for public institutions to support projects with a focus on renewable energy, green and sustainable mobility, digitalisation, circular economy transition and biodiversity, as well as training and upskilling.

ELIGIBILITY

Only regions in the Territorial Just Transition Plans are eligible for investments. For the PSLF, beneficiaries must be public sector entities⁴².

APPLICATION PROCESS

The JTF is administered through shared management. Member State managing authorities are in charge of launching calls for proposals. The Public Sector Loan Facility is directly managed by the Commission, with calls for proposals and applications run via the Commission's Funding and tenders portal (applications are assessed jointly with the European Investment Bank)^{26,42,50}.

GOOD TO KNOW

The Mechanism recently launched the Just Transition Mechanism Platform Groundwork, which provides technical assistance to eligible JTF regions and supports implementation of the Just Transition plans. Support includes project scouting and development, capacity building and peer-to-peer exchanges with other JTF regions, among others.

Funding can be transferred between the ERDF, ESF+ and JTF under specific conditions.

HORIZON EUROPE

POLICY AREA: Research & Innovation

AREA OF SUPPORT: Research & Training; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Medical products, vaccines & technologies

BUDGET: EUR 95.5 billion^{52,53}

BACKGROUND

Horizon Europe is the EU's research and innovation programme. It is organised across three pillars and guided by five **cross-cutting missions** for targeted action:

- Adaptation to climate change, including societal transformation
- Fighting cancer
- Healthy oceans, seas, and coastal and inland waters
- Climate-neutral and smart cities
- Soil health and food

OBJECTIVES

Each of the three pillars is composed of several elements and pursues slightly different objectives^{51,52}.

Figure 9 Overview of the Horizon Europe programme



* The European Institute of Innovation & Technology (EIT) is not part of the Specific Programme

** Non-nuclear activities of JRC

Source: Figure from the Horizon Europe programme presentation by European Commission. The full presentation can be found here: https://research-and-innovation.ec.europa.eu/system/files/2022-06/ec_rtd_he-investing-to-shape-our-future_0.pdf.

EU resources for investing in and strengthening health systems

Only components of relevance for this TSI project are mentioned here:

- Under Pillar 1 (Excellent Science):
 - *Marie Skłodowska-Curie actions* for research training and exchange opportunities (Budget: EUR 6.6 billion)
 - *Research Infrastructures* to foster the development of facilities, resources and services for research communities across the Union (Budget: EUR 2.4 billion)
- Under Pillar 2 (Global Challenges and European Industrial Competitiveness)
 - *Cluster 1 – Health* (Budget: EUR 8.246 billion)
 - *Cluster 4 – Digital, Industry & Space* (Budget: EUR 15.349 billion)
 - *Cluster 5 – Climate, Energy & Mobility* (Budget: EUR 15.123 billion)
- Under Pillar 3 (Innovative Europe)
 - *The European Institute of Innovation and Technology* (Budget: EUR 10.6 billion, minus up to EUR 527 million for ecosystems)

ELIGIBILITY

Eligibility criteria vary for each call, however basic criteria for all projects are that contents of a submitted proposal align with topic descriptions in the call for proposals and involve the right participants from the right countries⁵⁵.

APPLICATION PROCESS

Calls for funding opportunities are periodically published on the European Commission's Funding and tender portal⁵⁷.

Applications are checked for admissibility (completeness) and eligibility (fulfils eligibility conditions, which vary by call for proposals) before being processed for further evaluation by an evaluation committee.

The European Commission has created a Dos and Don'ts checklist and offers numerous guidance documents for applicants interested in obtaining Horizon Europe funding support⁹⁷.

Past research projects funded under Horizon 2020 and Horizon Europe can be found on the European Commission's CORDIS database.

GOOD TO KNOW

The Horizon Europe programme offers synergies with multiple other Union programmes due to its flexible co-funding schemes and the harmonisation of funding rules introduced in the current MFF.

Possible synergies can be established with several other funding instruments, including the Cohesion policy funds (ERDF, ESF+), the Just Transition Mechanism, the Recovery and Resilience Facility, the LIFE programme, Digital Europe and the CEF, the InvestEU programme, which also has a policy window dedicated to Research and innovation, as well as EU4Health and the Erasmus+ programme.

Two Horizon Europe-funded initiatives of relevance to this TSI project are presented in further detail on the next pages.

HORIZON EUROPE: SUPPORTIVE INFRASTRUCTURES & PARTNERSHIPS

POPULATION HEALTH INFORMATION RESEARCH INFRASTRUCTURE⁹⁸

The Population Health Information Research Infrastructure (PHIRI) builds on the legacy of two projects funded by the EU's previous health programmes: BRIDGE Health and InfAct, which pioneered Member State collaboration to build a sustainable EU-wide research and health data infrastructure. PHIRI's primary aim is to further streamline this process, generate reliable population health data to support policy making and ensure that research around these topics is underpinned by a data access infrastructure that connects entities across different EU Member States.

GOOD TO KNOW

PHIRI has launched the **Health information portal**, a single access point pooling population health and health care data from multiple countries, it also features training materials and courses on health information. The infrastructure is underpinned by a network of **national nodes**, which link relevant institutions and stakeholders at national level with other participating entities. Using national-level federated data infrastructure, the project has tested the collection of comparable data across different participating countries to address four specific research questions and gather evidence on the population health impacts of COVID-19 across European countries (**these four pilot research activities are termed use cases within the project**). Exchanges between participating entities are regularly held in the form of a **Rapid exchange forum**. PHIRI invests in interoperability and capacity building, including holding a **school on health information** and offering training resources.

Calls for funding are commonly directed at research entities and require a collaboration between multiple entities in different countries. Applications must demonstrate excellence of science, high impact, project feasibility and aptness of project partners.

TRANSFORMING HEALTH AND CARE SYSTEMS PARTNERSHIP (THCS)^{99,100}

One of Horizon Europe's flagship partnerships, the European Partnership on Transforming Health and Care Systems (THCS) pools expertise from several past EU projects in the field of health systems research and brings together 66 partner institutions from 23 Member States and beyond. The main aim of the partnership is to identify and fill knowledge gaps in the area of health systems research and to propel the implementation of generated evidence and innovative approaches to strengthen health system capacity. The topics chosen for the three Member State pilot projects are reflected in the partnership's thematic priorities and could be informed by its upcoming work on integrated care pathways and the adoption of innovative tools to strengthen health system access and sustainability.

GOOD TO KNOW

The Partnership has launched its first **joint transnational call** (JTC) for funding, *Healthcare of the future*, which aims to fund research projects that develop transformative solutions for health systems and support them in implementing good practices at large scale. Specifically, the call encourages applications from projects seeking to optimise patient care pathways and contribute towards upscaling solutions for more sustainable, efficient, resilient, ethical, high-quality and accessible person-centred health care systems.

Applications were open until 13 June 2023 (with an obligatory intent to apply by 23 May 2023), but similar calls will be launched on an annual basis for the duration of the Partnership.

JTCs fund transformative actions in the area of health systems research, including implementation research, twinning activities, applied research, coordination and support actions. JTCs have specific thematic priorities, which are decided upon in agreement between the Partnership consortium and the European Commission. Size, duration and typology of JTCs are equally defined on an annual basis in consideration of the strategic priorities and recommendations within the partnership's Annual Work Plan, the strategic research and innovation agenda and funding organisations' specific rules and conditions.

Organisations from Austria, Belgium and Slovenia are all represented in the Partnership consortium and are taking part in funding the first JTC.

Project proposals may be submitted by a range of organisations in consortia that are typically composed of at least three partners (and a maximum of nine) from three different countries, including higher education organisations, research and knowledge dissemination organisations, public and private research & innovation organisations, hospitals and health care providers, SMEs, user organisations (including patient organisations).

The Partnership is aiming to establish **a knowledge hub** to support the transferability of good practices, which may offer support in the planning, development and implementation stages of scaling up good practices within the scope of projects funded by upcoming JTCs. The hub will consist of a module-based platform that fosters capacity-building through services such as:

- Staff exchanges/study visits
- Showcasing the partnership resources, including through workshops, webinars, podcasts
- Training opportunities
- Creating synergies and connecting stakeholders with DG REFORM's Technical Support Instrument (refer to subsequent sections for further information on this type of support)

EUROPEAN AGRICULTURAL FUND FOR REGIONAL DEVELOPMENT (EAFRD)

POLICY AREA: Common Agricultural Policy

AREA OF SUPPORT: Infrastructure & Climate

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Medical products, vaccines & technologies

BUDGET: EUR 95.5 billion⁵⁹

BACKGROUND

The European Agricultural Fund for Rural Development (EAFRD) is one of two cornerstone funds of the EU's Common Agricultural Policy (CAP) – the other being the Agricultural Guarantee Fund (AGF). In past iterations, the EAFRD has been used to fund health projects. For instance, Austria invested in the expansion of ambulatory health services and infrastructure in rural regions¹⁰¹. Similarly, funding has been made available to invest in energy efficiency and potentiate the utilisation of renewables in rural areas.

OBJECTIVES

While the AGF is primarily used to offer income support to farmers and implement measures that stabilise agricultural markets, the EAFRD has a broader application to ensure the balanced and sustainable development of European territories. Both are financing, in combination with national funding, the national and regional rural development programmes (RPDs)¹⁰².

ELIGIBILITY

Member States have developed national CAP strategic plans, which outline the objectives, funding priorities and interventions to be implemented at national level for the remainder of the ongoing MFF^{58–60}.

APPLICATION PROCESS

The EAFRD is a shared management tool. Calls for funding opportunities and disbursements are implemented by competent authorities appointed at national level⁵⁹.

GOOD TO KNOW

The 2014–2020 rural development programmes have been extended for 2 years (until the end of 2022) and triggered the anticipated disbursement of 30% of the EAFRD funding from the 2021–2027 budget.

Many of the ongoing projects will last until the end of 2025, while new actions are to be incorporated into national CAP strategic plans centred around key social, environmental and economic goals with implementation starting from 2023.

40% of the 2023–2027 CAP budget is earmarked for climate actions.

Funding can be transferred to the LIFE programme and Erasmus+.

INVEST EU

POLICY AREA: Economic and financial policy

AREA OF SUPPORT: Research & Training; Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Information; Medical products, vaccines & technologies

BUDGET: aims to generate over EUR 372 billion in investments for the 2021–2027 period (based on an EU budget guarantee of EUR 26.2 billion)⁶¹

BACKGROUND

The InvestEU Programme is a recently created instrument to support sustainable investment, innovation and job creation in Europe. It consists of three building blocks:

- **InvestEU Fund**, which combines 13 previously centrally managed EU financial instruments and the past European Fund for Strategic Investments into a single fund
- **InvestEU Advisory Hub**, which provides technical support and assistance to project developers and entities throughout the entire project life
- **InvestEU Portal**, which provides a single EU-wide platform to bring investors and project promoters together.

InvestEU covers four policy windows:

- Sustainable infrastructure
- Research, innovation, and digitalisation
- SMEs
- Social investment and skills

OBJECTIVES

The InvestEU Fund supports viable projects through debt, risk sharing and equity and quasi-equity instruments backed up by an EU guarantee. One of its main objectives is to mobilise private investments for the EU's high policy priorities. The InvestEU Fund is a joint programme, which is implemented by the European Commission and selected partners such as the EIB^{61–63}.

ELIGIBILITY

Public projects, especially in partnership with private investors can be eligible for the InvestEU Fund, and social investments, including investment in the health sectors can be eligible under the Social investment and skills window. Yet, as funding is implemented by InvestEU Fund partners (EIB Group, European Bank for Reconstruction and Development (EBRD), and CEB), each may have specific eligible areas^{61,63}.

GOOD TO KNOW

The **InvestEU Advisory Hub** complements the InvestEU Fund. It aims at:

- Identifying, preparing and developing investment projects of interest
- Enhancing financing and investment operations
- Raising awareness for investment areas with a clear market gap

The advisory hub is managed by the European Commission and financed by the EU budget, but advisory services are provided by InvestEU Advisory Partners such as the EIB.

Member States can apply for advisory support through the InvestEU Central Entry Point where a set of questions will help to identify the concrete advisory needs and the potential advisory partner most suitable to address them. Alternatively, Member States can directly contact an advisory partner of their choice.

ERASMUS+

POLICY AREA: Education and Training

AREA OF SUPPORT: Research & Training

HEALTH SYSTEM BUILDING BLOCKS: Health workforce

BUDGET: EUR 26.2 billion⁶⁴

BACKGROUND

Erasmus+ is an EU programme supporting education and training at any age through diverse opportunities for mobility and cooperation across the EU.

OBJECTIVES

In its 2021–2027 programme, Erasmus+ focuses on the following areas:

- Social inclusion and diversity
- Digital transition
- Green transition
- Youth participation in democratic life

Opportunities are structured around three key actions:

- **Learning mobility of individuals**
- **Cooperation among organisations and institutions** to develop, transfer, and/or implement innovative practices at organisational, local, regional, national, or European levels
- **Support for organisations' policy reform** that aim at improving education/training quality, or promoting transnational learning and cooperation between authorities

GOOD TO KNOW

The grant amount awarded varies depending on the Erasmus+ opportunity chosen. **Learners and staff mobility opportunities** are financed following strict funding rules, which define the amount allotted per individual participant, the travel costs covered, etc. In contrast, **cooperation projects** can be funded following a predefined three single lump sums menu (of EUR 120 000, EUR 250 000 or EUR 400 000 for cooperation partnerships), or based on an estimated budget for the proposed action (which can go up to EUR 4 million for a 4-year project under an Alliance for Innovation).

ELIGIBILITY

Mobility projects should always have a European dimension, focusing on exchange of experience and good practice in a European context, as Erasmus+ does not fund national projects.

Additionally, national authorities can participate in cooperation partnerships with partners from other European countries to exchange experiences. There is a minimum number of Member States who must be included that varies depending on the chosen cooperation programme⁶⁵.

APPLICATION PROCESS

While funding is provided by the European Commission, funds are managed by National Agencies, which are notably responsible for reviewing applications in their country and supporting beneficiaries from the beginning to the end of their project¹⁰³. Applications to an Erasmus+ programme must be submitted in response to a call and within a specific timeline. There are usually one or two application opportunities per year per Erasmus+ opportunity. The evaluation criteria depend on the type of action but generally projects are assessed according to relevance, quality of content and partnership. More details are provided in the Erasmus+ 2021–2027 programme guide⁶⁵.

EUROPEAN INVESTMENT BANK (EIB)

POLICY AREA: Economic and financial policy

AREA OF SUPPORT: Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Information; Medical products, vaccines & technologies

BUDGET: loans starting at EUR 25 million

BACKGROUND

The European Investment Bank (EIB) is the EU's financing institution for projects that respond to the priorities and objectives of the EU. Its activities focus on the following priority areas:

- **Climate and environmental sustainability**, *incl. climate action; and environmental sustainability*
- **Innovation, digital and human capital**, *incl. digital economy; education and training; and health and life science*
- **Sustainable energy and natural resources**, *incl. agriculture; energy; forestry; solid waste; and water and wastewater*
- **Sustainable cities and regions**, *incl. transport; and urban development*
- **Small and medium-sized enterprises**, *incl. small and medium-sized enterprises and mid-caps*
- **Cohesion**, *incl. regional development and cohesion*

OBJECTIVES

The EIB supports projects across the EU in the scope of its priority areas. Its main objective is to stimulate funding and invest in bankable projects. The EIB does not provide grants from own sources (the EIB occasionally provides access to EU grants through blended financial products (%loan + %EU grant; see Just Transition Mechanism)), but can offer different types of (often blended) financial and advisory support, including⁶⁸:

- **Loans** at attractive prices
- **Equity** funds for private capital
- **Guarantees** to enhance credit quality/rating
- **Advisory services** to advise potential project promoters
- **Mandates and partnerships**, including InvestEU, CEF, RRF, shared management funds

GOOD TO KNOW

EIB is the EU's climate bank. As such, in all projects, at least 50% of the loan volume should go towards climate-related actions.

EIB is one of the main advisory partners of the recently established InvestEU advisory hub as it implements around 75% of its volume.

EIB financing mostly covers capital investment, although operational costs are eligible under specific conditions (for example, training programmes for health workers; vaccination programmes).

ELIGIBILITY

EIB loans start at EUR 25 million and can cover a maximum of 50% of the project budget. This can be combined with other EU funding for a maximum of 90% of the project costs. Multiple initiatives can be funded as part of a single framework loan. To be eligible, projects need to be bankable, meaning they should have a clear narrative, timeline, a detailed budget, objectives, a financial plan, etc.⁷⁰.

EIB advisory services are available free of charge to any project interested in applying for EIB financial support. They can provide the support needed to ensure that projects reach the bankable stage.

CONNECTING EUROPE FACILITY (CEF)

POLICY AREA: Energy, digital, and transport policies

AREA OF SUPPORT: Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service Delivery; Information; Medical products, vaccines & technologies

BUDGET: EUR 33.71 billion (CEF transport: EUR 25.81 billion, including EUR 11.29 billion for cohesion countries; CEF energy: EUR 5.84 billion; CEF digital: EUR 2.07 billion)⁷²

BACKGROUND

The Connecting Europe Facility (CEF) is an EU instrument dedicated to funding infrastructure projects with a focus on transport, energy and digital services. Structured around these three fields, two may be of particular interest for health systems:

- **CEF Digital**, implemented by the European Health and Digital Executive Agency (HaDEA)⁷¹
- **CEF Energy**, implemented by the European Climate, Infrastructure and Environment Executive Agency (CINEA)⁷³

OBJECTIVES

The overall goal of CEF is to promote growth, jobs and competitiveness, using targeted infrastructure investment. CEF Digital aims to trigger private and public investments for digital infrastructures of common European interests. CEF Energy seeks to contribute to the European transition towards clean energy and to support the Energy Union that aims for more interconnected, smarter and digitalised EU energy systems.

ELIGIBILITY

Public or private bodies in eligible countries (mostly EU countries, third countries can be involved under specific conditions), for some calls there are minimum consortium composition requirements⁷⁵.

APPLICATION PROCESS

Calls are regularly published on the HaDEA and CINEA platforms for CEF Digital and CEF Energy, respectively. Applications are to be submitted centrally via the European Commission's Funding & Tenders portal.

GOOD TO KNOW

In addition to grants, CEF offers other types of innovative financial supports such as guarantees and project bonds.

All Member States have designated national contact points. The CEF Digital national contact points can be consulted on the European Commission's website.

The second call for projects under the CEF digital branch was launched in late 2022. Calls are usually open for several months, followed by an evaluation and selection phase. Up to 1 year can elapse between call publications and the signature of grant agreements.

DIGITAL EUROPE

POLICY AREA: Digital policy

AREA OF SUPPORT: Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Information; Medical products, vaccines & technologies

BUDGET: EUR 7.5 billion⁷⁸

BACKGROUND

Digital Europe is a new EU programme that complements the available funding from other EU programmes (for example, Horizon Europe, CEF Digital, RRF) in the domain of digital policy. Digital Europe is co-managed by the Health and Digital Executive Agency (HaDEA) in the European Commission with a focus on enhancing advanced digital skills, accelerating the best use of technologies, and developing Cloud infrastructure, Data and Artificial Intelligence.

OBJECTIVES

Digital Europe aims to enhance digital technologies development and contribute to their wider use by both public and private entities, as well as individuals⁷⁷.

ELIGIBILITY

Digital Europe broadly supports projects in five key areas:

- Supercomputing
- Artificial intelligence
- Cybersecurity
- Advanced digital skills
- Ensuring the wide use of digital technologies across the economy and society

Annual work programmes set out specific objectives and funding priorities, on which tenders and project calls are based. They provide an indication to the types of initiatives that may be funded throughout the multiannual financial period.

APPLICATION PROCESS

Project developers or organisations can submit a proposal in response to published funding and tender calls. The proposal will be evaluated based on the criteria published in the work programme, and in the case of a positive outcome, each successful participant signs a grant agreement with the European Commission that is set within the limits of the allocated budget⁷⁹.

GOOD TO KNOW

The Digital Europe Programme provides complementary support to the CEF, which is mainly dedicated to funding digital infrastructure.

Synergies with other instruments are possible, notably the ERDF, Horizon Europe and RRF.

LIFE PROGRAMME

POLICY AREA: Climate policy

AREA OF SUPPORT: Research & Training; Infrastructure & Climate; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Medical products, vaccines & technologies

BUDGET: EUR 5.4 billion⁸²

BACKGROUND

The LIFE programme has been the EU's funding instrument for environmental and climate action since its inception in 1992. Support is delivered through four programme branches:

- Nature and biodiversity
- Circular economy and quality of life
- Climate change mitigation and adaptation
- Clean energy transition

OBJECTIVES

The programme funds a range of different projects and initiatives along its four programme branches, including the Green Advisory Service for Sustainable Investments Support (Green Assist, see box on the next page for further information), a novel advisory service implemented under the InvestEU programme to support green investment projects.

ELIGIBILITY

Public and private legal entities are generally eligible. There is no fixed duration for LIFE projects, although standard action projects usually last between 3 and 5 years. There is no fixed budget size for LIFE projects, although smaller projects below EUR 500 000 are more rarely selected⁸³.

The programme periodically holds Info Days to showcase co-financed projects and guide interested applicants through the application requirements and calls for proposals^{80,83}.

APPLICATION PROCESS

Calls for proposals are published on a yearly basis on the EU Commission's Funding and tender portal⁸⁴.

The typology of grants offered under the LIFE programme is broad and includes: Standard Action Projects, Strategic Nature Projects, Strategic Integrated Projects, Technical Assistance Projects, Other Action Grants and Operating Grants.

GOOD TO KNOW

More information on each type of grant and guidance documents for applicants are provided by the European Commission's Executive Agency for Climate, Infrastructure and Environment (CINEA).

LIFE programme funding cannot overlap with other EU funding. Other ongoing applications or related funding streams must be declared in the application for LIFE funding.

GREEN ASSIST

The Green Advisory Service for Sustainable Investments Support (Green Assist) is a new demand-driven technical assistance tool under InvestEU that offers support for green investments and for incorporating greening elements when designing other types of investments, with a specific focus on natural capital and circular economy sectors. This tool is centrally managed within the European Commission and can be activated within the scope of the InvestEU programme or separately.

Although it is not dedicated to health sector projects per se, topics such as the circularity of the health sector (materials used, waste, etc.) can potentially be addressed within the scope of a broader project. Advisory services are customised to the needs of the beneficiary project and can extend to experts supporting its realisation on the ground.

EU4HEALTH

POLICY AREA: Health policy

AREA OF SUPPORT: Research & Training; Digital

HEALTH SYSTEM BUILDING BLOCKS: Service delivery; Health workforce; Information; Medical products, vaccines & technologies

BUDGET: EUR 5.3 billion⁸⁷

BACKGROUND

The EU4Health programme is the fourth iteration of the EU's Health programme, which underwent a large budgetary increase in response to the COVID-19 pandemic to tackle health systems challenges and reinforce EU crisis preparedness. Based on a long-term vision, EU4Health complements Member States' policies and is implemented through annual work programmes.

OBJECTIVES

EU4Health seeks to contribute to building stronger, more resilient and more accessible health systems across the EU⁸⁶. To this end, the programme has 10 specific objectives that can be summarised in four priority areas:

- Improve and foster health in the EU
- Protect people from serious cross-border health threats
- Improve access to medicinal products, medical devices and crisis-relevant products
- Strengthen health systems

ELIGIBILITY

EU4Health annual work programme supports a broad range of actions that can be clustered into five categories:

- Crisis preparedness
- Health promotion & disease prevention
- Cancer
- Health systems & health care workforce
- Digital

Proposals must meet the priorities identified in the relevant annual work programme of the EU4Health Programme.

APPLICATION PROCESS

Calls for funding and tenders are published on the Funding & Tenders Portal, on which applications must be submitted. Any organisation wanting to apply must first register in the Participant Register⁸⁸.

GOOD TO KNOW

Health challenges are cross-cutting by nature, and EU4Health works together with other EU instruments such as ESF+, ERDF, Horizon Europe, Digital Europe and CEF Digital, InvestEU, RRF and Erasmus+.

4. Case studies: Relevant EU support for country pilots

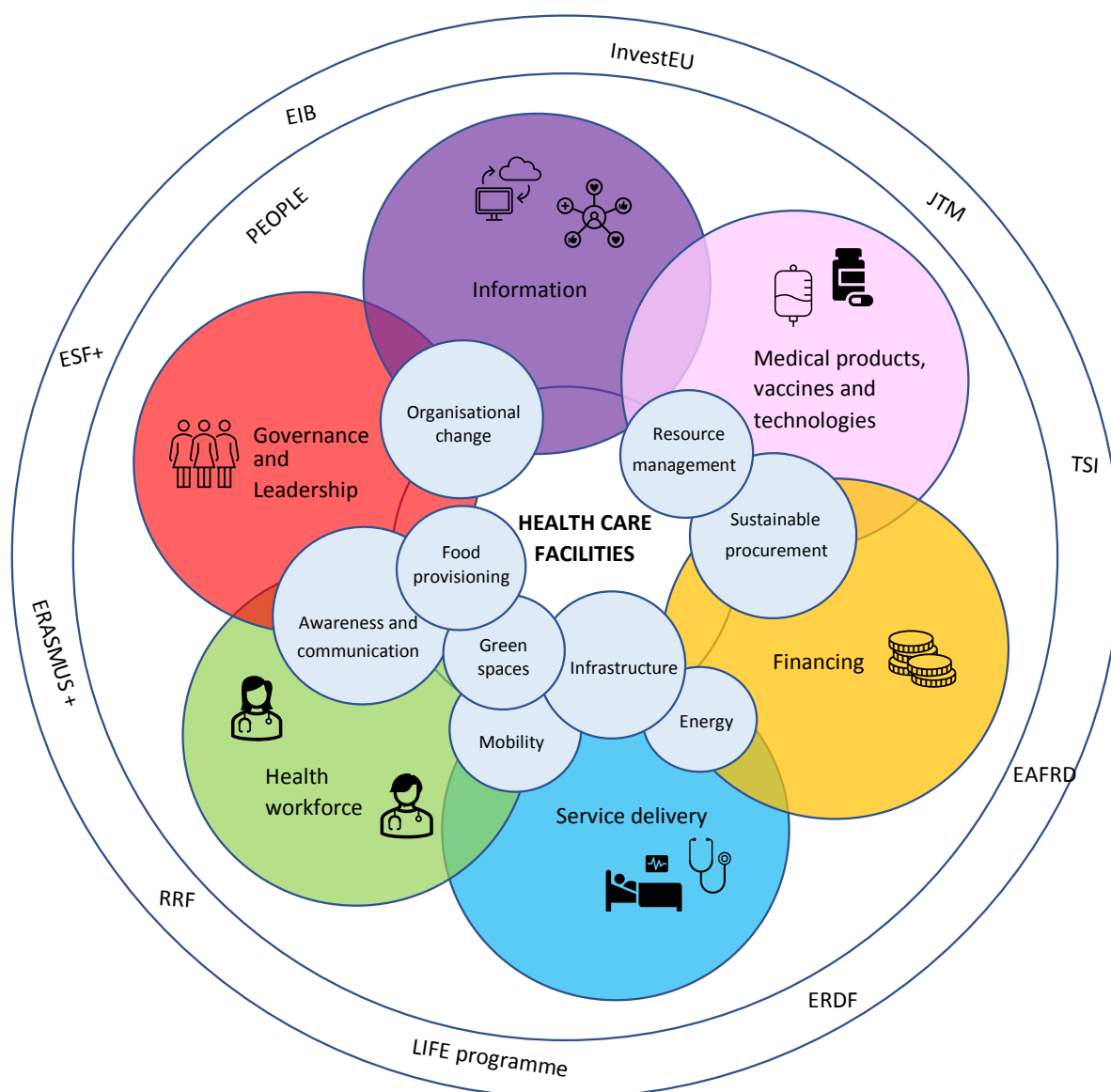
The following subsections present the most relevant instruments identified for each country pilot. When the same tool is relevant for more than one pilot, it is presented in each case with a focus on the specific pilot's objectives (in individual cases where no differences were apparent, cross-referencing is employed). For each pilot case, identified instruments are described in detail in order of management type and relevance, and summarised at the end in table format. EU instruments can only fund parts of a project and blending these with national funding is often needed. However, national funds are outside the scope of this TSI project and are not described in this report.

4.1 **Austria: Greening of health care facilities**

Many of the instruments identified at EU level have the potential to support the goals and proposed

areas of action within the Austrian pilot case (Fig. 10). This section explores potential options for the use of EU instruments within the following priority areas of intervention: infrastructure, energy, green spaces (Cluster 1); awareness and communication, organisational change and integration of climate change mitigation measures (Cluster 2). Multiple tools may offer support for both intervention clusters (see more information on EU guidance to facilitate the use of funding for environmental initiatives in Box 4); however, they are discussed in detail only in one of the two areas, but are mapped in both and include the LIFE programme, the RRF, InvestEU (detailed presentation under Cluster 1) and the JTF (detailed presentation under Cluster 2).

Figure 10 Mapping of relevant EU funding instruments for the Austrian pilot



Source: Authors' compilation, adapted from reference 24.

Box 4 Using EU funding for the environment

The European Commission is developing a range of key resources to facilitate climate and environmentally conscious investments through EU funding mechanisms:

- In 2022, a guide targeting project promoters in need of EU funding for zero pollution solutions was developed. This guide provides an overview of different programmes and types of funding available. The guide can be accessed here¹⁰⁴: <https://environment.ec.europa.eu>.

[eu/news/new-guide-eu-funding-programmes-environment-2022-08-17_en](https://europa.eu/european-council/en/news/new-guide-eu-funding-programmes-environment-2022-08-17_en)

- DG Environment also organises conferences targeting project promoters, including local or regional public authorities, civil society and SMEs, to provide information on available EU funds with a focus on and application to environmental actions. Upcoming events can be consulted on the DG ENV events page¹⁰⁵.

4.1.1 Infrastructure, energy and green spaces (Cluster I)

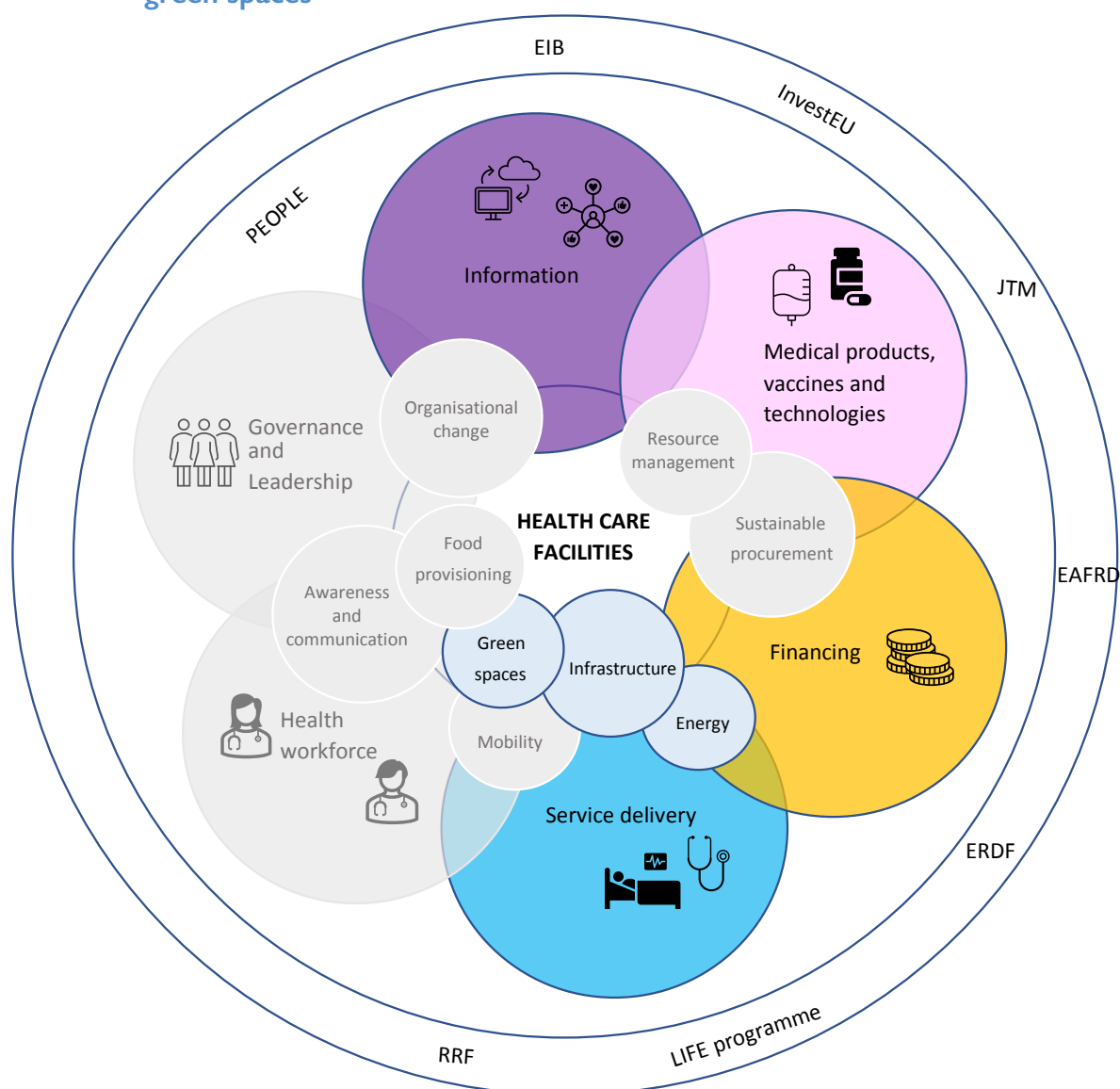
A first cluster of interventions is dedicated to improving the physical spaces, infrastructure and energy characteristics of health care facilities (see Box 5 for a non-exhaustive list of possible interventions). There

are a range of EU funding mechanisms through which financing to support such interventions can be obtained by Member States. In addition, several advisory services can provide technical support for the conceptualisation, planning and implementation of projects. A relevant selection is presented below.

Box 5 Measures to promote climate-friendly and energy efficient spaces in health care facilities.

- Installing photovoltaic and solar thermal systems
- Introducing waste heat recovery technology
- Introducing LED lighting
- Improving insulation of buildings
- Optimising cooling, heating and ventilation systems
- Creating green spaces and greening facades and roofs
- Optimising use of natural ventilation and lighting
- Installing flow restriction devices and recycling water for air conditioning and irrigation
- Adapting steam generation systems (to be powered by electricity)

Figure 11 Mapping of relevant EU funding instruments for infrastructure, energy and green spaces



Source: Authors' compilation, adapted from reference 24.

This section presents the main financial opportunities at EU level to support greening initiatives for health care facilities in Austria (Fig. 11). They are presented in order of importance and divided between centrally managed instruments, for which applications are handled directly through the European Commission's funding and tendering platform, and funding instruments that require applications to be submitted at the national or regional level (under shared management with the European Commission). Other types of financial instruments, including loans and collaborative funding mechanisms, are briefly presented at the end.

4.1.1.1 Funding instruments under direct management

Applications for these instruments are managed by the European Commission through different Directorates General and executive agencies. Funding opportunities are usually advertised through thematic calls, which are launched at regular intervals and follow the priorities defined in annual work programmes stipulated throughout an ongoing MFF. Further information, specific to the instruments of relevance to Austria, is provided below.

LIFE programme

Since its inception in 1992, the LIFE programme has funded over 130 projects in Austria, with a total contribution of close to EUR 200 million in EU funding¹⁰⁶. For the current MFF, the programme has a total allocated budget of EUR 5.4 billion. There are four programme branches within the scope of the LIFE programme:

1. Climate change mitigation and adaptation
2. Clean energy transition – see Box 6 for further details on its priorities
3. Circular Economy and Quality of Life
4. Nature and Biodiversity

Projects supported in two of the most relevant programme branches (1. and 2.) aim at promoting the utilisation of renewables, increasing energy efficiency, mitigating and adapting to climate change, as well as reaching climate neutrality across Europe. Other possible areas of intervention under the LIFE programme include sustainable procurement and waste management, which are also of relevance to the Austrian pilot case and addressed within the scope of Circular Economy.

The LIFE programme is managed by the Commission's Directorate General for Environment (DG ENV) and the European Climate, Infrastructure and Environment Executive Agency (CINEA). Calls for proposals under both programme branches are launched and advertised

Box 6 Areas of intervention supported under the LIFE Clean energy programme branch (adapted from European Commission, 2023¹⁰⁶).

1. Building national, regional, and local policy frameworks to support a clean energy transition
2. Accelerating the roll-out of technologies, services, and business models, as well as enhancing relevant professional skills
3. Attracting private funding for sustainable energy
4. Supporting local and regional investment projects
5. Empowering citizens to engage in the clean energy transition

on the Funding and tenders opportunities portal on a yearly basis⁸⁵. For the 2023 round, calls were published between April and May and remained open for several months (until September 2023). As highlighted in the Catalogue section of this report, the LIFE programme offers many different types of grants, ranging from support for the implementation of local or regional projects to streamlining policy processes and tailored technical assistance. Most recently, Green Assist, a new advisory service has been established to support a) greening projects and b) projects in other sectors with incorporating greening elements into their plans and implementation (see Section 5, Advisory services to support implementation, for more information).

Box 7 LIFE programme support in the health sector: An example from the LIFE SMART Hospital project in Spain¹⁰⁷.

Start date: September 2014

End date: November 2017

Project summary: The SMART Hospital project aimed to develop action plans to improve energy, water and waste management in the hospital setting. The approach was piloted in Hospital Universitario Rio Hortega in Valladolid, Spain. The objective in this hospital was to implement a range of infrastructural upgrades to improve energy, water and waste management. For instance, in the area of energy efficiency the installation of high-efficiency incinerators, to improve lighting (installing LED lighting), as well as ventilation and heating systems (installing a health recovery system) was pursued.

Outcomes: The measures implemented led to substantial savings in water, thermal and electric energy, which in turn translated into important cost savings and a reduction in greenhouse gas emissions. The project team prepared a *Handbook of good practices on adaptation plans in hospitals for the mitigation of climate change* for dissemination and use in other hospitals.

Who can apply?⁸³

Any public or private organisations registered in the EU. Specific details on eligibility will vary and are described in each individual call for proposals. For instance, conditions to be fulfilled for Standard Action Projects (the traditional type of LIFE projects) usually focus on:

1. Admissibility (that is, how the application should be submitted and what it should broadly contain, including detailed budget tables, participant information, as well as optional documents such as business plans, co-financing declarations or letters of support)
2. Eligibility of the country/countries involved (generally legal entities established in EU Member States are eligible)
3. Other eligibility conditions, including specific geographical conditions or other types of entities
4. Financial and operational capacity and exclusion (applicants must demonstrate sufficient financial capacity through documents such as balance sheets, business plans, audit reports and sufficient operational capacity, including know-how and qualifications to implement the planned project)
5. Evaluation and award criteria (that is, how the project proposal will be evaluated)

This also includes budgetary size requirements and to which extent a project will be co-funded by the EU (supplementing national budgets). For example, Standard Action Projects (the traditional type of LIFE projects) generally have no budgetary limitations, although projects below EUR 500 000 have rarely been selected for support.

Good to know

The LIFE programme holds several *Info Days* events targeted at prospective applicants¹⁰⁸. They usually take place just before calls for proposals are published and in the period following, when applications can be submitted. These events allow applicants to obtain additional information (and ask targeted questions) on the specificities of different calls and the application criteria. Presentations and recordings of these events are available for consultation on the Info Days website¹⁰⁸.

Support is also available at national level, as every Member State has designated one or more LIFE programme national contact points, which can offer a range of services, including help with applications, information events and proposal writing workshops. The national contact points in Austria are provided below in Box 8.

Lastly, networking events and virtual 1:1 bilateral meetings are offered to potential applicants, which usually open when the calls for proposals are published and can take place anytime until the window for applications closes. These meetings provide participants with the opportunity of identifying potential partners for collaboration, but may also take place with representatives from the national contact points.

Box 8 Austrian national contact points for the LIFE programme.

Climate change mitigation and adaptation

Mr Erich Purkarthofer
Austrian Research Promotion Agency
Division of European and International Programmes
Sensengasse 1, 1090 Vienna, Austria

Phone: +43 (0)5 7755-4003

Email: erich.purkarthofer@ffg.at

Clean energy transition

Mr Erich Purkarthofer (contact details above)

and

Mr Siegfried Loicht
FFG – Austrian Research Promotion Agency
Sensengasse 1, 1090 Vienna, Austria

Phone: +43 (0)5 7755-4304

Email: siegfried.loicht@ffg.at

The LIFE programme runs a public project database, the LIFE public database, which lists and provides further information on all current and past LIFE funded projects, including a selection of health sector projects (see Box 7 for an example)¹⁰⁹.

Recovery and Resilience Facility (RRF)

The RRF is a performance-based funding instrument, which is disbursed progressively to Member States as they reach agreed targets and milestones within their national recovery and resilience plans (see page 18 of the Catalogue). They are responsible for the implementation of the plans. Austria's RRP foresees 32 investments and 27 reforms, with 59% of the actions supporting climate objectives (well above the 37% required by EU Regulation 2021/241 establishing the RRF)¹¹⁰. Overall, Austria has been allocated EUR 3.46 billion in grants^{110,111}. The plan is subdivided into multiple components. Component 1 on sustainable recovery (*Nachhaltiger Aufbau*) envisions four main areas for the implementation of reforms and investments, under which interventions to promote climate-friendly and energy efficient health care facilities could potentially be funded (Table 2).

Table 2 **Austrian Recovery and Resilience Plan: Overview of component I on sustainable recovery**

Component I	Reforms	Investments	RRF funding
I-A Renovation offensive	Renewable heat act	1. Replacement of oil and gas heating systems 2. Combating Energy poverty	EUR 208.9 million
I-B Climate-friendly mobility	• Mobility master plan 2030 • Introduction of 123-climate tickets	1. Zero-emission buses and infrastructure 2. Zero-emission commercial vehicles and infrastructure 3. Construction of new railway lines and electrification of regional railways	EUR 848.2 million
I-C Biodiversity and circular economy	Legal framework conditions for increasing the collection rates for plastic beverage containers and increase the supply of reusable containers in the food retail sector	1. Biodiversity Fund 2. Investment in reverse vending systems and measures to increase the reuse quotas for beverage containers 3. Construction and retrofitting of sorting facilities 4. Repair of electrical and electronic equipment (repair bonus)	EUR 350 million
I-D Transformation towards climate neutrality	Renewables expansion act	1. Transformation of industry towards climate neutrality	EUR 100 million

Source: Translated from the Austrian Recovery and Resilience Plan¹¹².

In addition, other components of the plan support investments with possible application to greening health care facilities. For instance, Component 2 on the digital recovery (*Digitaler Aufbau*) has EUR 605 million allotted for digital and ecological investments in enterprises¹¹². Similarly, Component 4, dedicated to promoting a fair recovery (*Gerechter Aufbau*), includes earmarked funding for resilient communities and climate-friendly town centres (*Klimafitte Ortskerne*). This offers potential funding opportunities for health care facilities located in town centres¹¹².

Selected funding opportunities are presented in further detail below. Information on funding opportunities for greening interventions in the Austrian RRP can be found at www.umweltfoerderung.at.

While some RRF funding is already earmarked for specific projects, other funding opportunities may become available through calls for proposals launched by the respective managing authorities.

Component I: Biodiversitätsfonds (Biodiversity Fund)^{112,113}

The biodiversity fund has an allocated budget of EUR 80 million (including EUR 50 million from RRF). Its primary objective is to drive the implementation of 20+ projects aimed at restoring degraded ecosystems or protecting endangered species and habitats by the

end of 2025. The fund functions by issuing periodic calls for projects. Two such calls have already been organised, with thematic focuses on the restoration and protection of endangered species and habitats and the assessment of biodiversity status and trends in Austria, respectively¹¹³. Future calls are projected to focus on establishing and managing protected areas, and restoring and protecting endangered species and habitats¹¹⁴.

Who can apply?

Natural persons, legal entities and partnerships in Austria are eligible to apply and receive funding.

Good to know

- Calls for funding are launched on a yearly basis.
- Any funding obtained can only be combined with other funding at the national level.
- Funding can cover up to 100% of the project costs.
- Funding requests start at a minimum of EUR 15 000.

The application process consists of five steps:

1. Application for funding via the website (www.biodiversitätsfonds.at);

2. Evaluation of the application based on defined criteria;
3. Recommendation by the Biodiversity Fund Commission;
4. Approval by the Austrian Federal Minister for Climate Protection, Environment, Energy, Mobility, Innovation and Technology;
5. Stipulation of a funding contract.

Component 4: Klimafitte Ortskerne (climate-friendly town centres)¹¹⁵

With a budget of EUR 22.5 million, measures funded under Climate-friendly town centres aim to decarbonise and propagate climate protection initiatives in communities and town centres. Funding is available for:

- Thermal building interventions
- Greening of facades
- Repurposing of parking lots (in connection with greening measures)

Who can apply?

Businesses, associations, religious institutions, municipalities and cities for municipal buildings, building owners.

Good to know

- Location in a town centre is a prerequisite. Proof of location must be provided by the competent municipality/city during the application process.
- The consulting firm *Kommunal Kredit Public Consulting* acts as an intermediary and supports interested applicants in managing funding applications, as well as examining eligibility for other (EU) funding instruments, including Cohesion Policy funds (ERDF, ESF+, JTF), at the time of application.

4.1.1.2 Funding instruments under shared management

This section presents instruments under shared management, the allocation of which is usually decided upon at Member State level and defined in national and regional programmes. Within the scope of these programmes, calls for applications are launched, and applications are reviewed by the managing authority in the Member State.

European Regional Development Fund (ERDF)

As a funding instrument under shared management, the ERDF is implemented at national level by a managing authority based at the *Österreichische*

Raumordnungskonferenz (Austrian National Spatial Planning Advisory Board). The practical implementation and utilisation of allocated funds is defined in one or more national (and regional) operational programmes and can take the form of grants, financial instruments such as loans, guarantees and equity, as well as prizes. Implementation follows the co-financing principle, where the EU provides a pre-agreed percentage of the required funding (depending on the regional development level as defined by cohesion policy requirements), which is then matched by national funding.

Austria's 2021–2027 ERDF/JTF Operational programme is focused on the economic development of regions, investments in employment, growth, and the transition to a low-carbon economy. Although there is no direct application to the health sector in this MFF, a major focus of the programme is on supporting investment and research on energy efficiency and the reduction of greenhouse gas emissions. The focus for buildings and infrastructure lies on thermal refurbishment, health recovery, and cooling and ventilation systems.

The total funding made available for the ERDF (including both EU and national public contributions) in Austria is EUR 1.63 billion (out of a total EU-wide budget of EUR 274 billion)¹¹⁶.

Who can apply?

The main focus is on investment measures to increase energy efficiency in the corporate sector. Financial support is therefore mainly directed at private and publicly owned companies. However, the broader public sector, including facilities owned by municipalities or regional authorities, is also eligible¹¹⁷.

Good to know

- There is no minimum size for projects, as long as they reflect the objectives of the funding instrument.
- There is a single managing authority for both ERDF and JTF instruments: *Verwaltungsbehörde IBW/EFRE & JTF, Geschäftsstelle der Österreichischen Raumordnungskonferenz*; Contact: Dipl.-Ing. Markus McDowell, oerok@oerok.gv.at
- Applications should be addressed directly to the managing authority.
- Precautions are taken in the programme guidelines to avoid duplications and overlap between different funding instruments that are part of the EU's Cohesion Policy.
- Synergies with other EU instruments are also possible (Box 9).

Box 9 **Horizon Europe.**

Upstream and downstream synergies: Combining ERDF and Horizon Europe

As part of ongoing efforts to establish synergies across different EU funding instruments, a Dissemination and Exploitation strategy has been devised in order to promote Horizon-funded project outcomes with national and regional decision-makers, including managing authorities in Member States, through tailored initiatives such as matchmaking opportunities and the creation of Horizon result portfolios and platforms¹¹⁸.

Dissemination of Horizon work programme topics and outcomes can hence be leveraged to promote the adoption of transformative solutions at the Member State level, a process which can be facilitated through funding obtained under the Cohesion Policy instruments¹¹⁹. For example, Austrian participation in a research project on sustainable health care facilities could yield the necessary findings to subsequently fund an ERDF project that aims to implement evidence-based climate change mitigation and adaptation measures for health systems.

Horizon Europe: Funding opportunities for environmental action

Horizon recently launched a call for proposals to fund research and innovation actions on “Environmentally sustainable and climate neutral health and care systems” (HORIZON-HLTH-2023-CARE-04-03). Financial support is provided for projects between EUR 4 million and EUR 6 million in size (total available funding: EUR 20 million). Although this call closed in April 2023, calls with a similar or complementary thematic focus are likely to be made available in the future. The outcomes of such projects may provide the innovative organisational frameworks, guidelines and recommendations needed to drive change on the ground and to green existing processes within health care facilities, such as the procurement of medicines. Similarly, the development of methodologies to monitor the environmental footprint and pollution of health systems, as well as bolstering data infrastructures, can facilitate the implementation of decarbonisation approaches and innovative solutions in health care facilities¹²⁰.

Projects funded by the ERDF can be consulted in the regional and urban development project database¹²¹, as well as through the European Commission's Kohesio tool¹²².

European Agricultural Fund for Rural Development (EAFRD)

The EAFRD is under shared management and plans for its implementation are developed and set out by the Member States in national CAP plans (see page 27 of the Catalogue). The EAFRD is subject to the co-financing principle, by which EU funding is matched by national funding (co-financing rates vary according to regions and types of interventions funded).

Austria's national CAP strategic plan sets out its investment priorities under the EAFRD (EUR 95.5 billion) for the period from 2021 to 2027. It advances the development of rural regions (with 60% of EAFRD funding dedicated to this goal), which is further supplemented by funding provided through the RRF and ERDF¹²³.

Rural development is one of the CAP's main pillars; 75% of the Austrian territory is made up of rural areas, regions that are facing significant demographic challenges and depopulation. Although much of the EAFRD funding is dedicated to supporting the agricultural sector, the strengthening of rural infrastructure and promoting the social sustainability of rural regions is also a key priority. This includes investing in the necessary social services and infrastructure, which

include childcare and health care facilities, as well as targeted climate adaptation and mitigation measures¹²⁴.

Under the LEADER initiative, Local Action Groups composed of rural businesses, farmers, local organisations and public authorities, will implement local developmental strategies based on a participatory approach and the engagement of local communities⁵⁸.

Who can apply?

Eligibility criteria and management of calls for proposals vary depending on which of the 98 measures included in Austria's national strategic plan applicants are interested in accessing.

For instance, the call for proposals for the measure Implementation of climate and energy projects at local level (*Umsetzung von Klima- und Energieprojekten auf lokaler Ebene*) will be managed by the consulting firm *Kommunal Kredit Public Consulting*¹²⁵, which also supports interested applicants in managing funding applications and examines eligibility for other (EU) funding instruments, including Cohesion Policy funds (ERDF, ESF+, JTF) and RRF, at the time of application.

Good to know

The European Commission has created a dashboard featuring 44 results indicators included in the CAP legislation, which aim to monitor the successful implementation of the national CAP strategic plans¹²⁶. Relevant indicators tracing the progressive

implementation of initiatives potentially pertinent to the Austrian pilot case include:

- Environmental or climate-related performance through investment in rural areas

This indicator monitors the proportion of operations funded that contribute to environmental sustainability and climate mitigation and adaptation goals of rural areas.

- Connecting rural Europe

This indicator measures the extent to which improved access to services and infrastructure is attained through CAP support.

4.1.1.3 Loans and other financial instruments

EIB loans and InvestEU programme

Most of the funding instruments presented previously provide grants to supplement national funding opportunities. However, other types of financial instruments may sometimes be required to implement projects, particularly large infrastructure projects. Through the EIB, in cooperation with the InvestEU programme (EIB being its main, but not exclusive implementing partner), Member States can obtain financing and/or advisory services with advantageous conditions. The EIB and the InvestEU programme can also be standalone sources of technical and financial support.

The EIB offers loans, guarantees, equity investments and advisory services. The EIB is the long-term lending institution of the EU owned by its Member States, and it lends to both public and private sectors. EIB Investment loans to public sector entities are typically dedicated to financing single large investment projects or investment programmes embedded in a national or regional investment plan, aligned with one or more priorities of the EIB.

EIB loans typically cover up to 50% of a project's total cost with loans starting at EUR 25 million (somewhat lower amounts in specific cases such as Research, Development and Innovation projects in the Life Sciences). Depending on the investment's risk profile and the overall outcome of the due diligence process following the financing request from a project promoter, the EIB provides some loans together with the InvestEU guarantee, others without it. The InvestEU guarantee can usually be obtained for projects inside the EU and is covered by the InvestEU fund.

The InvestEU fund targets economically viable projects in areas where there are market failures or investment gaps. The InvestEU fund instruments seek to attract commercial financing to a wide range of operations and beneficiaries and only support projects where financing

could not be obtained at all or not at the required terms without InvestEU fund support. It will also target higher risk projects in specific areas. The European Investment Bank is the main implementing partner of the InvestEU programme. The Bank's investments under the InvestEU programme generally focus on projects operating in four priority areas: infrastructure, innovation, climate and environment.

InvestEU also supports strategic investments including Important Projects of Common European Interest to support final recipients whose activities are of strategic importance to the EU, in particular, in view of the green and digital transitions, of enhanced resilience and of strengthening strategic value chains.

As the EU's climate bank (see page 30 of the [Catalogue](#)), the EIB is strongly committed to financing both climate and environmental sustainability, as well as sustainable energy projects. It does so by lending directly to large individual projects and as a financial intermediary and investor of the InvestEU programme (and other mechanisms; Box 10).

The EUR 25 million minimum threshold for a loan application (implying a minimum investment volume of EUR 50 million), may hinder smaller volume projects in selected health care facilities from applying and obtaining support. It should be noted, however, that EIB also offers the possibility of accessing framework loans, which could allow Austrian beneficiaries to combine different elements within a wider greening initiative. EIB Framework loans for the public sector are dedicated to financing investment programmes, which usually start from EUR 100 million consisting of multiple smaller projects that share strategic objectives and a contracting authority ready to take the role of borrower/project promoter. The loan is flexible under predefined objectives aligning with one or more priorities of the EIB.

What is more, operational costs linked to the implementation of training programmes (as well as investments) addressing issues like medical workforce shortages in the EU, as well as vaccination programmes, have become eligible for EIB loans from late 2022. This would enable Austrian beneficiaries to apply for a framework loan composed of several smaller projects, reflecting the different possible intervention areas identified as part of the Competence Centre's consulting services offered to participating healthcare facilities.

Who can apply?

Member States (in this case, the Austrian state), as well as national, regional or local authorities are eligible for EIB support, together with public and private sector companies.

Box 10 Public Sector Loan Facility: EIB loans as part of the Just Transition Mechanism.

The Public Sector Loan Facility (PSLF) combines EUR 1.5 billion in grants from EU funding with EUR 10 billion in loans from the European Investment Bank. Public entities located in those Austrian regions included in the Territorial Just Transition Plans (list provided above) are eligible to obtain financial support and preferential loaning conditions for investment in public infrastructures, including for energy efficiency, district heating and the renovation of buildings¹²⁷. Advisory support to prepare, develop and

implement projects is available through the InvestEU Advisory Hub. Calls for proposals to obtain support through the PSLF are managed by the Climate, Infrastructure and Environment Executive Agency (CINEA).

More information on the Just Transition Mechanism is provided on page 22 of the Catalogue and in Section 4.1.2. *Awareness, communication, and organisational integration of climate change mitigation.*

Good to know

Applicants, including local or regional authorities, can consult the EIB's national office in Austria for tailored support with applications, which is located in Mattiellistraße 2–4, A-1040 Vienna, Austria. EIB loans only cover up to 50% of project costs. The rest of the financing must be provided by the project promoter. EU grants obtained from other funding instruments can be used for this purpose, although the total amount of financing support (including the EIB loan and EU grants) cannot surpass 90% of the total project costs.

Within the scope of InvestEU (see page 28 of the Catalogue), the policy window on Sustainable infrastructure could potentially help to fund greening initiatives in Austria's health sector. InvestEU is also suitable to fund green skills and climate management training programmes, as well as wider health sector projects as part of the Social investment and skills window⁶². The InvestEU programme also provides portal and advisory services (see Catalogue for further details and relevant best practice examples from the InvestEU predecessor programme, European Fund for Strategic Investments).

Who can apply?

Public sector entities and public-sector-type entities are eligible provided they are deemed economically viable. Other eligible entities include not-for-profit organisations, public–private partnerships and specific categories of private entities (for example, those with a public purpose). Applications for financing should be directed at the implementing partners.

Good to know

Advisory services are provided through the InvestEU advisory partners. The EIB is the main advisory partner; implementing 75% of the programme, the remaining 25% are implemented by national promotional banks, such as *Cassa Depositi e Prestiti* (CDP), *Banque Publique d'investissement* (BPI France), and the *Caisse des Dépôts et Consignations* (CDC), and international financial institutions, such as the EBRD and the Council

of Europe Development Bank (CEB). Preferences for specific implementing partners can be expressed at the time of application on the central InvestEU Advisory Hub application portal¹²⁸.

4.1.2 Awareness, communication and organisational integration of climate change mitigation (Cluster 2)

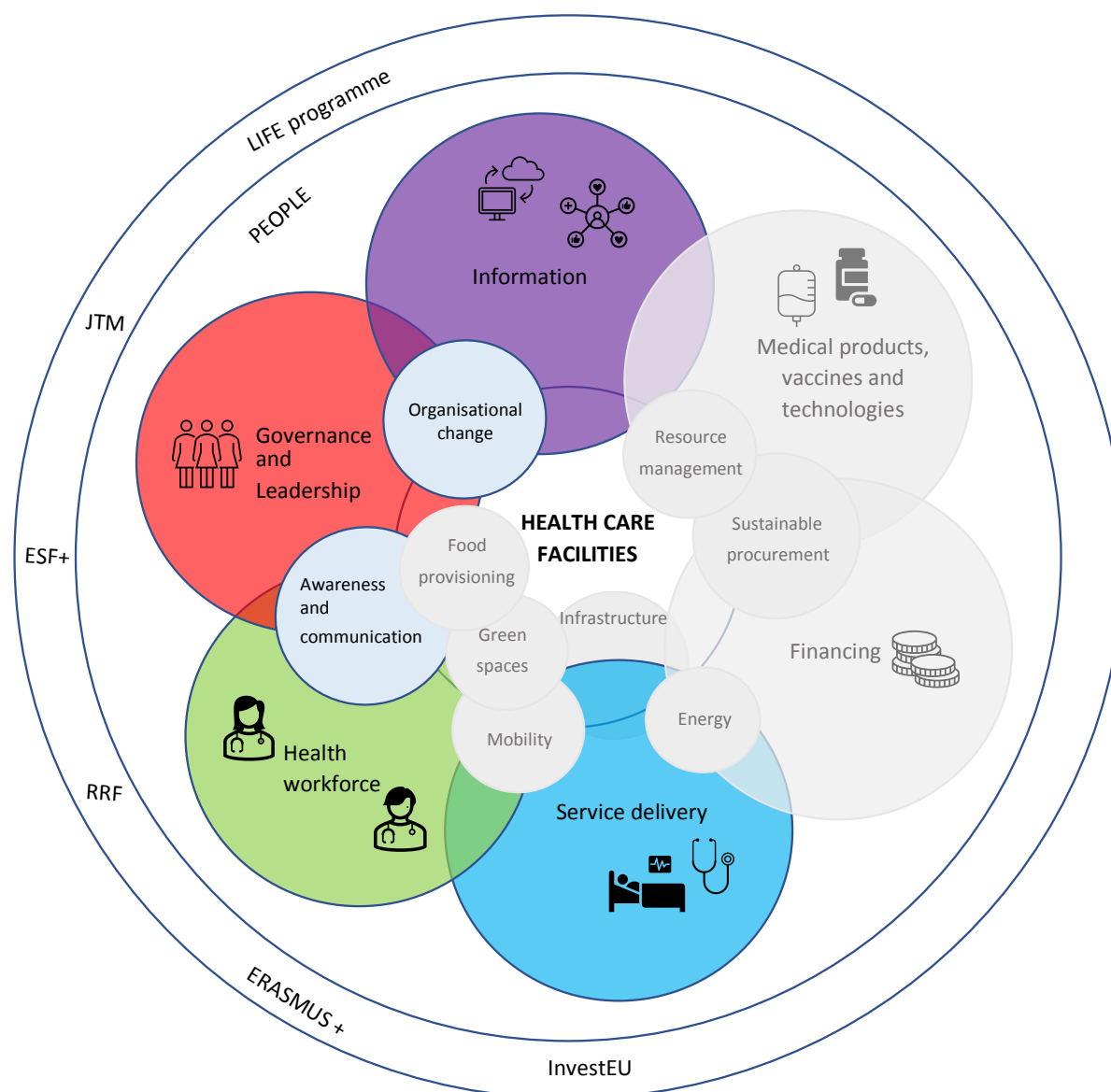
There are a range of EU funding instruments that can be wielded to support upskilling and reskilling initiatives with a focus on green skills. Their implementation in the setting of health care facilities can promote the organisational integration of climate change mitigation measures, such as more sustainable procurement practices or the adoption of a waste management strategy. At the same time, the distribution of information material and the introduction of communication campaigns can supplement such active engagement programmes and raise awareness among the workforce in health care facilities. Here, too, instruments are discussed in order of relevance for Austria and divided according to type of management (shared versus centrally managed); for RRF, the LIFE Programme and InvestEU see previous Section 4.1.1, Infrastructure, energy and green spaces (Cluster 1), and Fig. 12.

4.1.2.1 Funding instruments under indirect management

Erasmus+

Financial support can be obtained in various modalities as part of the Erasmus+ programme, although opportunities mostly have a transnational character, requiring multiple countries to join forces in a project. National authorities are entrusted with managing mobility and strategic partnerships, which enable both training staff and learners to participate in (cross-border) mobility programmes. Within the scope of strategic partnerships, national authorities participate in devising novel upskilling and training solutions. More

Figure 12 Mapping of relevant EU funding instruments for awareness raising, communication, and organisational integration of climate change mitigation



Source: Authors' compilation, adapted from reference 24.

Box 11 BeWell: Green and digital skills to improve health outcomes.

BeWell is an Erasmus+ funded project embedded in the 2020 European Skills agenda, which focuses on developing targeted outputs for the first flagship initiative of the agenda, the Pact for Skills. The Pact for Skills brings together different stakeholders invested in scaling up training opportunities to upskill and reskill people in Europe with the ultimate objective of tackling workforce challenges posed by the green and digital transition. Services offered include a networking hub, a knowledge hub, as well as access to a guidance and resources hub on available EU funding¹³⁰.

One of BeWell's main planned outputs to support the Pact for Skills will consist of an interactive monitor that maps the availability of different training

opportunities across countries participating in the project. The conceptualisation of a skills strategy is another key objective of the project, which will offer a practical framework for implementation of training programmes to be used at any level, from local to European, through the Pact for Skills¹³¹.

The project consortium involves beneficiaries and associated project partners from 11 countries, including Austria, represented by the Viennese Institute for Labour Market and Education Research (WIAB). Within the BeWell project, WIAB is responsible for the quality assurance of training curricula and programmes developed¹³².

information on the Erasmus+ programme can be found in previous sections.

In Austria, the Federal Ministry of Education, Science and Research (BMBWF) (Department III/I on EU Coordination and Multilateral Affairs) is responsible for implementing and coordinating the Erasmus+ programme¹²⁹. In addition, the Austrian Agency for Education and Internationalisation (*Agentur für Bildung und Internationalisierung*) offers support and information on ongoing calls at EU level. At the same time, the European Commission launches these dedicated calls and also funds collaborative projects, such as the BeWell project, which is focused on fostering green and digital skills among the health workforce (Box 11).

4.1.2.2 Funding instruments under shared management

ESF +

The ESF+ is under shared management between the European Commission and the Austrian Federal Ministry of Labour and Economy. The responsibility for implementing the operational programmes at national and regional level is delegated and divided across multiple funding agencies, which are in charge of projects under specific thematic foci. The full list of implementing authorities can be found on the Austrian Ministry's dedicated ESF+ webpage^{133,134}.

Access to lifelong learning, including to digital and green competences, is featured among the ESF+/JTF programme priorities for 2021–2027 in Austria. This includes targeted investment in skill development opportunities for workers, contributing to the development of green skills and jobs. Environmental sustainability is also included as a horizontal priority, which is to be considered in designing any project funded under the ESF+ programme¹³⁵. Guidance on eligibility and how to integrate sustainability effectively in project proposals is provided through a dedicated guide and information events¹³⁶. Recordings from last year's event on the ESF horizontal priorities have been made publicly available and can be consulted by interested applicants^{135,137}.

Who can apply?

Public and private organisations and companies can apply to open project calls. Natural persons are not eligible. Eligibility criteria will vary for different project calls. General application requirements include:

- Compliance with the priorities, objectives and measures set out in the operational programme
- Pre-financing of project costs (ability to cover the remainder of project costs not covered by ESF+ co-financing)

- Consideration of ESF+ horizontal priorities in the project design

Good to know

Specific investment priorities and funding foreseen for the development of green competences across each area of intervention can be consulted in the ESF+ operational programme 2021–2027¹³⁸. In addition, lists of ongoing and upcoming calls, including information on preliminary dates, target institutions, eligibility criteria and budget, are made available for public consultation on the Austrian Ministry's dedicated ESF+ webpage, allowing interested applicants to find out about upcoming funding opportunities, as well as to consult any currently open calls^{139–141}. Operational programmes set the direction for how ESF+ funding will be spent at both national and regional levels. In practice, this means that budgetary allocations may be tied to very specific outputs and goals, as well as to specific geographical limitations. Consulting the relevant implementing authorities may help with the identification of suitable funding opportunities.

Just Transition Fund

As highlighted above, the JTF is an instrument under shared management that is implemented by the Austrian Conference on Spatial Planning (*Österreichische Raumordnungskonferenz*) together with the ERDF. For Austria, EUR 136 million will be made available through the JTF (total budget EUR 19.2 billion). The opportunities for funding will be guided by the priorities set out in the Austrian Territorial Just Transition Plan. With regards to the Austrian pilot case, relevant areas featured in the plan include environmental rehabilitation and clean energy projects, although these are primarily dedicated to SMEs and private companies, as well as the upskilling and reskilling of workers. Measures for training, further qualification, reskilling and expansion of professional skills are to be funded and made accessible to employees (especially in carbon-intensive sectors), but also more generally to people in training, young people, women and the unemployed¹⁴².

Who can apply?

Only the regions included in Austria's Territorial Just Transition Plan are eligible. In Austria, this includes areas of the country with heavily carbon-based economies¹⁴²:

1. Lower Austria: NUTS 3: AT122 Niederösterreich Süd, AT121 Mostviertel-Eisenwurzen
2. Carinthia: NUTS 3: AT213 Unterkärnten; parts of the NUTS 3: AT 211 Klagenfurt Villach (district of Villach Land, parts of AT 212 Oberkärnten (district of Feldkirchen))

3. Upper Austria: NUTS 3: AT315 Traunviertel, parts of NUTS 3 AT312 Linz-Wels (districts of Wels-Stadt, Wels-Land), parts of AT 314 Steyr-Kirchdorf (district of Kirchdorf an der Krems)
4. Styria: NUTS 3: AT223 Östliche Obersteiermark, AT226 Westliche Obersteiermark; parts of the NUTS 3: AT221 Graz (district of Graz-Umgebung), parts of AT225 Western and Southern Styria (district of Deutschlandsberg)

Good to know

- Member States may choose to transfer funding from the ERDF and ESF+ to be used as part of the JTF.
- JTF projects can be combined with technical support from DG REFORM's TSI.

This section has outlined a broad range of funding options relevant for the Austrian pilot project. Funding may be blended with advisory support or other types of financial services, provided that appropriate synergies are established, while duplications and double financing of like initiatives should be avoided. At the same time, infrastructure and energy projects may be complemented by initiatives that aim to establish the organisational conditions and foster the professional skills needed to improve the environmental footprint of health care facilities in Austria. Sometimes, this may potentially be achieved through a single funding instrument with a broad enough mandate, such as the RRF or the LIFE programme. For instruments under shared management, funding may already be earmarked for specific outputs, although opportunities for support can be explored with the competent managing authorities.

Table 3 **Brief summary of the main EU instruments of interest to the Austrian case study, with the most relevant options highlighted in bold**

Instruments	Type of management (Direct, indirect and/or share)	Single- vs. multi- country projects	Where and when to apply?	Comments
LIFE programme	Direct (and indirect) management	Single-country projects	Call for proposals can be found on the EU Funding & Tenders portal⁵⁷	To improve the physical spaces, infrastructure and energy characteristics of health care facilities (Cluster 1) To support training, awareness raising and organisational integration (Cluster 2)
RRF	Direct (and indirect) management	Single-country projects	National RRP already approved. Eventual funding opportunities are country specific.	To improve the physical spaces, infrastructure and energy characteristics of health care facilities (Cluster 1) To support training, awareness raising and organisational integration (Cluster 2)
ERDF	Shared management	Multi-country possible but not mandatory	Application to be submitted directly to the managing authority of the concerned region	To improve the physical spaces, infrastructure and energy characteristics of health care facilities (Cluster 1)
EAFRD	Shared management	Single-country projects	Subject to calls for proposals through managing authorities at national and regional level	To improve the physical spaces, infrastructure and energy characteristics of health care facilities (Cluster 1)
InvestEU	Indirect (and direct) management	Multi-country possible but not mandatory	Project promoters should reach out directly to implementing partners in order to explore appropriate financing options based on the financial instruments backed by the EU guarantee	To improve the physical spaces, infrastructure and energy characteristics of health care facilities (Cluster 1) To support training, awareness raising and organisational integration (Cluster 2)
Erasmus+	Indirect (and direct) management	Multi-country projects	Detailed information on opportunities scopes, deadlines and application can be found in the programme guide ⁶⁵	To support training, awareness raising and organisational integration (Cluster 2)
ESF+	Shared (and direct) management	Multi-country possible but not mandatory	Application to be submitted directly to the managing authority of the concerned region	To support training, awareness raising and organisational integration (Cluster 2)
JTF	Shared management	Single-country projects	Subject to calls for proposals through managing authorities at national and regional level. Only specific regions are eligible (as set out in the territorial plans)	To support training, awareness raising and organisational integration (Cluster 2)

Source: Authors' compilation based on information obtained from European Commission sources as cited within the table.

4.2 Belgium: Implementing population health management approaches for integrated care

This section presents a mapping of the EU instruments of interest for the Belgian pilot. Structured by pilot objective, it highlights potential opportunities to support Belgium in:

- Developing a single digital PHM dashboard and its related IT infrastructure to facilitate the collection and linkage of all relevant databases and data sources
- Providing training to relevant stakeholders, including its health workforce, on PHM approaches and data collection and integration at the loco-regional and federal levels

Building on the analytical framework presented in Section 2.1.2. Belgium, Fig. 13 illustrates a summary of the mapped EU instruments, which could be of relevance to the Belgian case study.

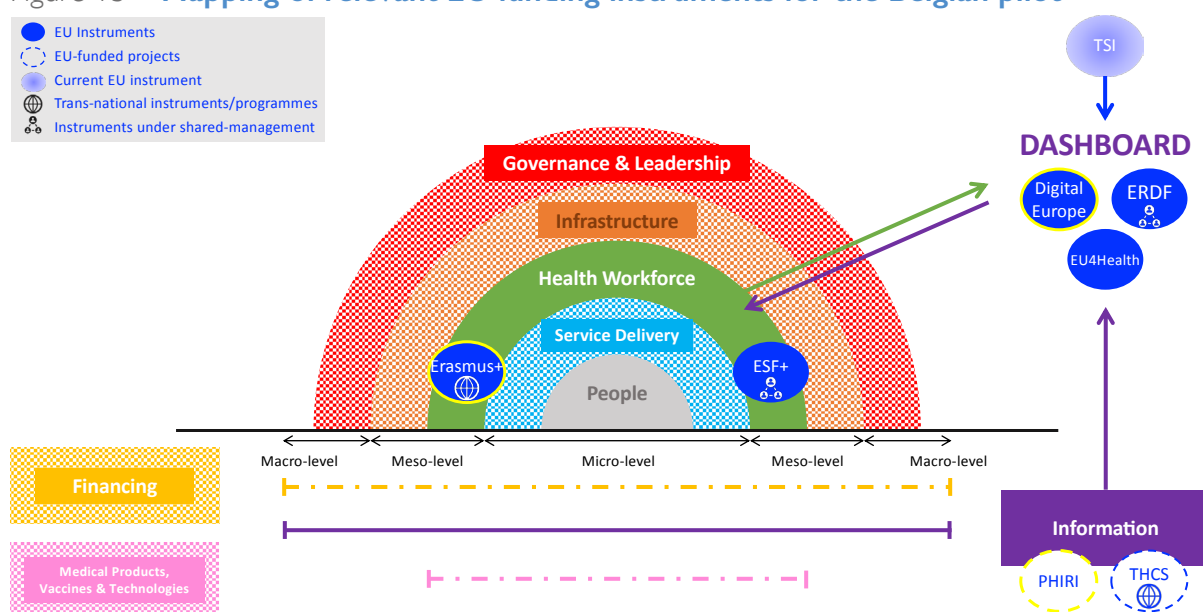
This ongoing project under the TSI, in light blue, can already support Belgium in framing and developing a detailed concept for a dashboard that would integrate existing databases and other relevant data sources while enabling flexibility to include new data that are relevant for PHM approaches at the meso-level. However, the full conceptualisation and development of such a digital platform entail extensive resources, notably financial, which would require further support.

The conceptualisation and development of a dashboard as an information tool for PHM can be supported by EU instruments with a specific focus on digitalisation or the digital transition. Yet, the development of a dashboard is not limited to operationalisation of a digital platform, but also requires relevant and accessible data, which relates to the information building block. To avoid duplication of efforts, this section also presents some EU-funded programmes that are of particular relevance for Belgium to assess its needs when it comes to integrating PHM approaches in care at the meso-level and to define the data and indicators to include in the dashboard.

Furthermore, the successful implementation of such a tool at the meso-level is strongly linked to the health workforce, which will be in charge of both feeding the information into the dashboard and applying it to integrate PHM approaches in daily practice. Hence, EU support for training of the health workforce, on PHM approaches and good data collection and integration practices is of particular relevance for the success of the Belgian pilot. Finally, while the Information and Health workforce building blocks are the most relevant, the remaining four building blocks may impact or be impacted by Belgium's pilot. For example, the infrastructures and organisation of care at the meso-level may impact data collection and analysis, while the dashboard aims at supporting and improving health professionals' service delivery. For the sake of simplicity, these considerations do not shape the further presentation of the analysis.

The sub-sections below develop the identified instruments in further detail, in order of management

Figure 13 Mapping of relevant EU funding instruments for the Belgian pilot



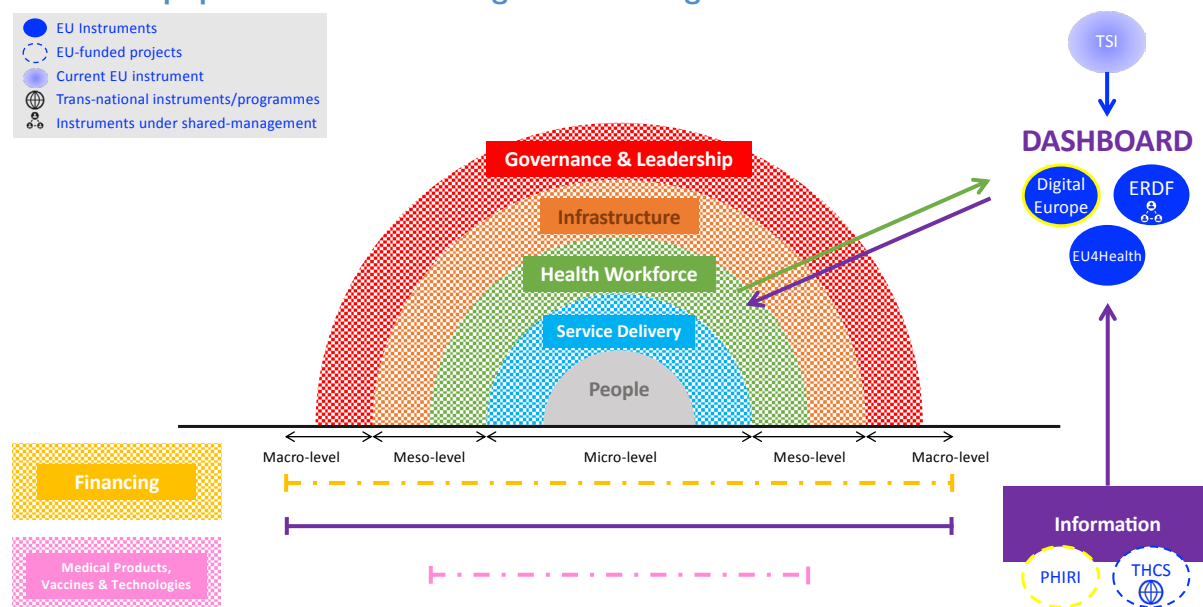
Source: Authors' compilation, adapted from references 13, 24 and 25.

type and relevance, and are summarised at the end in table format (Table 5). The EU instruments circled in yellow on Fig. 13 were considered the most relevant and are also highlighted in Table 5. Additionally, as cross-country learning opportunities can be of particular value for the Belgian pilot as other EU countries have implemented PHM approaches, [Section 4.2.3. Cross-country learning opportunities](#) provides a brief description of potentially relevant support options.

4.2.1 Supporting the conceptualisation and development of a dashboard for population health management

The relevant funding instruments and potentially synergistic opportunities identified for this objective of the Belgian case study are mapped on the analytical framework in Fig. 14.

Figure 14 **EU instruments of interest to conceive and develop a dashboard for population health management in Belgium**



Source: Authors' compilation, adapted from references 13, 24 and 25.

4.2.1.1 Funding instruments under direct management

Digital Europe^{77,78}

Digital Europe is a new EU programme that complements the available funding from other EU programmes (for example, Horizon Europe, CEF Digital, RRF) in the domain of the digitalisation of Europe across all sectors (see page 32 of the Catalogue).

Work programmes are set for 2 years and define the content of calls for proposals. Digital Europe's second work programme covers the 2023–2024 period⁷⁷. Although it aims at ensuring the continuation of the activities started during the previous programme, it also introduces new actions that are aligned with EU priorities, supporting the digital transition being one of the main focus areas in the ongoing MFF. EU goals for digital transformation include key targets for digital infrastructures and the digitalisation of public services by 2030, notably the development of secured and climate-neutral data clouds and a guaranteed access to online medical records for all EU citizens¹⁴³. In the 2023–2024 work programme, the total budget for

2024 is EUR 517.5 million. While the 2024 budget allocation has not yet been defined, the 2023 budget of EUR 392 million allocated EUR 86.8 million to fund actions linked to the deployment of digital technologies including for public services, and EUR 113 million to support the deployment of Common Data Spaces including sectorial-specific data spaces. Data spaces are defined in the Digital Europe programme as digital spaces that integrate data as well as its infrastructure and governance, with the objective of facilitating data pooling and sharing⁷⁷.

In the context of the upcoming reform on Integrated Care in Belgium (see [Section 1.2.2. Belgium: Implementing population health management approaches for integrated care](#)), the development of a dashboard to support PHM at the meso-level across the country represents a digital solution to support better care delivery across health-related public services. As such, it can be argued that this tool contributes to Belgium's digital transformation in the health care sector. In addition, the envisioned dashboard also constitutes a common national data space for PHM indicators. It should however be noted that Digital Europe puts a

Table 4 Indicative calls for proposal timeline for Digital Europe funding

Milestones	First set of calls of WP 2023–2024	Second set of calls of WP 2023–2024	Third set of calls of WP 2023–2024
Call opening	Q2-2023	Q3-2023	Q2-2024
Deadline for submission	Q3-2023	Q1-2024	Q3-2024
Evaluation	Q4-2023	Q1-2024	Q4-2024
Information to applicants on the call outcome	Q4-2023	Q2-2024	Q4-2024
Signature of contracts	Q1/Q2-2024	Q3/Q4-2024	Q1/Q2-2025

Source: Page 114 of the 2023–2024 Digital Europe work programme⁷⁷.

strong emphasis on the creation of common EU data spaces, and that data spaces for health may relate to very specific areas (for example, genomic data¹⁴⁴).

Who can apply?

Project developers or organisations can submit a proposal in response to published calls for proposals. The proposal is evaluated based on the criteria developed in Appendix 1 of the 2023–2024 work programme, such as the alignment with the description of the call proposal, the feasibility of the implementation plan, or the estimated impact of the project⁷⁷. The eligible types of actions for grants and their respective funding rates are further detailed in Appendix 2 of the 2023–2024 work programme⁷⁷, but potential applicants should consider that most calls for proposals in 2023 had a Digital Europe funding contribution of 50%.

In the event of a positive outcome, successful participants sign a grant agreement with the European Commission that is set within the limits of the allocated budget.

Good to know

There are two types of calls: calls for proposals and calls for tenders. On the European Commission's Funding & Tenders portal, there are no past, current or upcoming calls for tenders available. Calls for proposals are deployed in three sets, two occurring in 2023 and one in 2024 (Table 4). Although the second set of calls does not seem to contain funding for topics relevant to the Belgian pilot, the third set of calls plans to include data spaces for public administration. An example of Digital Europe-funded project is presented in Box 12.

Proposals must be submitted electronically before the call deadline. Specific forms are displayed inside the submission system, and the requested information and supportive documents may vary from one call to another. Depending on the call, the application for a new project should usually contain:

- Administrative information about the applicant, including identification of the foreseen coordinator, beneficiary(ies), and participating entity(ies)

Box 12 Best practice example: the Ecosystem Digital Twin in Health (EDITH).^{145–147}

EDITH is a Digital Europe-funded project that focuses on the area of digital twins, aiming to map and connect digital twin initiatives in health care. Digital twins are predictive virtual representations of objects or systems (for example, a patient's organ for a physician to simulate a procedure before doing it in real life, a hospital ward or department¹⁴⁸), and can be used to simulate different scenarios and support clinical decision-making. EDITH also aims at elaborating a roadmap towards the *Human Digital Twin*, including the transition from single-organ approaches to an integrated, multi-scale and multi-organ data-driven system. The project brings together a consortium of almost 20 partners, spread across 10 countries in Europe (including the United Kingdom). Coordinated by the Belgian VPH Institute, it also includes the Belgian organisation VITO and Liège University¹⁴⁹.

EDITH responded to the Digital Europe call *Accelerating best use of technologies (DIGITAL-2021-DEPLOY-01)*¹⁵⁰ from the 2021–2022 work programme,

which opened on 17 November 2021, and closed on 22 February 2022. The project began in October 2022 and is due to end in September 2024. For this project, the consortium is set to receive a total of almost EUR 5 million in grants.

To provide a sense of the type of information needed when developing a project proposal, the following information and annexes were required when submitting an application for this call:

- Administrative information about the applicant, including the identification of the foreseen coordinator, beneficiary(ies), and participating entity(ies)
- Budget summary for the project
- Technical description of the project based on a mandatory form
- Tables of the foreseen ethical issues and security issues

EU resources for investing in and strengthening health systems

- A technical description of the project, which is based on a (mandatory) form
- A budget summary and/or detailed budget table
- The CVs of the project core team
- Tables of any foreseen ethical and security issues

EU4Health⁸⁶

The fourth iteration of the EU health programme, EU4Health, has undergone a budgetary boost in response to the COVID-19 pandemic to better tackle health systems challenges and reinforce EU crisis preparedness. EU4Health is designed with a long-term vision, as it seeks to contribute to building stronger, more resilient and more accessible health systems across the EU (see page 35 of the Catalogue). EU4Health complements Member States' policies and is implemented based on annual work programmes.

The EU4Health annual work programme supports a broad range of actions that are clustered into four categories:

- Crisis preparedness
- Health promotion & disease prevention
- Health systems & health care workforce
- Digital

The programme aims at supporting initiatives that improve the accessibility of health systems, but also initiatives that drive the digital transformation of health care and enhance the use of digital tools and health data. Even though future applicants should consider that proposals must meet the priorities identified in the relevant annual work plan of the EU4Health Programme and that the 2024 annual programme has not yet been published, Belgium's project could meet EU4Health priorities, as integrated care is likely to strengthen and positively impact health systems and the health care workforce, as well as foster secondary disease prevention. Moreover, as the dashboard would also contribute to the digitalisation of the Belgian health system, applications could capitalise on this dimension as well.

Good to know

The total envelope for 2023 amounts to over EUR 735 million, including EUR 426.28 million in grants. The 2023 work programme foresees grants for the prevention of non-communicable diseases (such as chronic respiratory diseases, vulnerable population's mental health, and dementia and other neurological disorders)¹⁵¹.

Targeted consultations for key stakeholders to provide contributions to inform the 2024 work programme

were open between March 2023 and 22 May 2023. Preliminary results from these consultations were communicated during an *EU4Health stakeholder conference* on 9 June 2023¹⁵².

The EU4Health programme can fund specific projects as well as joint actions, and is compatible with other EU instruments (for example, ESF+; ERDF; Horizon Europe; Digital Europe and CEF Digital; InvestEU; RRF; Erasmus+), which may be of interest when blending funds.

4.2.1.2 Funding instruments under shared management

European Regional Development Fund (ERDF)

ERDF is one of the instruments forming part of the Cohesion Policy funds (see page 20 of the Catalogue). ERDF's primary objective is to address regional imbalances across the EU, with the overall goal to strengthen the EU's economic, social and territorial cohesion³⁴.

Even though the ERDF's main priorities are not health-system focused, it has traditionally funded various health infrastructure and digital projects. Among the funding priorities for the 2021–2027 period, the ERDF plans to invest in social initiatives for the EU regions (for example, employment, education, culture), including through actions that aim at enhancing equal access to health care³⁴.

With its upcoming Inter-Federal Plan for Integrated care, Belgium is aligned with the quintuple aim (see Section 1.2.2. *Belgium: Implementing population health management approaches for integrated care*), which among its objectives includes "improving health and social services equity"¹⁴. Population Health Management is an approach to integrated care that aims at improving health outcomes by better assessing the performance of the health system, especially for the most vulnerable populations^{15–17}. Given that the Belgian pilot aims to create a digital dashboard to facilitate the collection and analysis of health data for PHM, this may contribute towards enhancing integrated care at the loco-regional level and contribute to correcting the gaps in access and efficiency of the health services across the different regions and population groups.

Who can apply?

A wide range of organisations are eligible, including public bodies, small private businesses, universities, associations and NGOs. All projects are selected based on their added value, no matter their size¹⁵³.

Good to know

ERDF has two main policy objectives, increasing Europe's competitiveness (PO1) and Europe's green transition and enhanced resilience (PO2). The funding allocation per objective varies by regional development status (see page 20 of the Catalogue)³⁴. Belgium includes regions from all three categories¹⁵⁴.

ERDF is under shared management, meaning the European Commission shares the overall responsibility with the Member States, but each Member State is allocated a specific budget and is responsible for choosing the projects to fund with the ERDF instrument and for the day-to-day management of the ERDF-funded projects. For each Member State, managing authorities are designated to inform potential applicants, select projects for funding, and monitor projects' implementation³⁴.

Belgium is set to receive EUR 1.15 billion for the 2021–2027 period. The ERDF is managed through regional operational programmes, which include¹⁵⁵:

- The **Wallonia 2027** programme, which includes investments in research to support the health sector¹⁵⁶
- The **2021–2027 Flanders** programme, which focuses on increasing competitiveness (notably through research, innovation and digitalisation) and adapting to climate change¹⁵⁷
- The **Brussels-Capital** programme, which focuses on investments in growth and employment¹⁵⁸

In addition to regional programmes, there are two Interreg programmes, the **Belgium–France** and the **Belgium–The Netherlands** programmes.

Each programme is co-financed by the European Commission and national funding. Each managing authority may have a specific application process, and applications must meet the specific criteria and priorities of the regional programme³⁴.

4.2.1.3 EU-funded projects

Population Health Information Research Infrastructure (PHIRI)

PHIRI is a project funded under Horizon Europe. As part of Horizon Europe's Pillar I, Excellence Science (see page 25 of the Catalogue), PHIRI aims to build the foundations for a research infrastructure on population health. Primarily designed to assess the impact of COVID-19 on populations, PHIRI seeks to generate the best evidence on populations' health and well-being to inform policy-making across Europe. Through the identification, collection, analysis and use of both health and non-health population data, PHIRI's work enables

more coordination between national and European key stakeholders in the health sector¹⁵⁹.

The PHIRI project is structured around three objectives: providing a health information portal for COVID-19, enabling structured exchanges between countries across Europe on COVID-19-related topics, and promoting interoperability and tackling health information inequity. To respond to these objectives, PHIRI activities are distributed in nine work packages, which include, among other activities, designing and implementing a health information portal, conducting research on health information to inform public health policies and COVID-19 responses, or creating a federated research infrastructure for population health data¹⁵⁹.

PHIRI is managed by a steering committee, which is composed of 13 members from 10 EU countries and the United Kingdom and is coordinated by Sciensano, the Belgian public health institute^{159,160}. In total, PHIRI counts 41 partners from 30 countries. Box 13 highlights potential synergies between PHIRI and the Belgian pilot case.

Box 13 PHIRI and the Belgian case study.

PHIRI launched the Health Information Portal, which is a single access portal that pools population health and health care data from multiple countries. Additionally, PHIRI is managing the European School on Health Information, which features numerous training materials and courses for both data producers and users to design data collections, as well as report, analyse and use population health data¹⁵⁹. This could be of particular interest to support Belgium's health workforce training on data collection and integration (see Section 4.2.2. Supporting health workforce and other relevant stakeholders' training on population health management and on data collection and integration). Finally, using national-level federated data infrastructures, PHIRI has tested the collection of comparable data across different participating countries to address four specific research questions and gathered evidence on the population health impacts of COVID-19 across European countries (use cases)¹⁵⁹. The expertise resulting from such an exercise could be of high interest for Belgium to set the content of its envisioned PHM dashboard.

Moreover, Sciensano, the Belgian institution responsible for the coordination of the PHIRI project, is a research institution, which notably collects, analyses and reports health information on the Belgian population¹⁶¹. Hence, Belgium disposes of an institution with an expertise of great interest for the content conception of its envisioned digital dashboard for PHM.

Good to know

PHIRI is running from November 2020 to November 2023. There are plans to extend and expand PHIRI work through another Horizon Europe research infrastructure programme, the European Strategy Forum on Research Infrastructures (ESFRI), which could then lead to the establishment of a new joint research infrastructure at the EU level.

While PHIRI is an example of Horizon Europe research infrastructure, direct application to Horizon Europe Pillar I may be envisaged (Box 14).

Box 14 **Horizon Europe Research infrastructure (Pillar I: Excellent Science).**

Research infrastructures can be facilities, resources or services, such as research laboratories, computational tools, or networks, that support researchers in conducting ground-breaking research¹⁶².

Who can apply?

There is no restriction on the type of organisation that can apply to Horizon Europe Research Infrastructures. However, in most calls, the applying team must include a minimum of three organisations from an EU country and a maximum of six organisations in total. Moreover, the team must include at least three different EU Member States or associated countries^{55,163,164}. The full list of associated countries is available on the Horizon Europe website¹⁶⁵.

Good to know

Calls for proposals are published by the European Commission based on the Horizon Europe work programme. The 2023–2024 work programme features five subject areas or “destinations”, including one that seeks to support health research and accelerate the digital transformation (INFRASERV) and another that seeks to generate scientific tools and advanced digital solutions (INFRATECH)¹⁶⁶.

Depending on the call, funding can range from around EUR 3 million to EUR 20 million.

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Depending on the call, funding can range from around EUR 3 million to EUR 20 million.

Transforming Health and Care Systems Partnership (THCS)

Similar to the PHIRI project presented above, THCS is a Horizon Europe-funded partnership under Horizon Europe's Pillar I, Excellence Science (see page 25 of the Catalogue). It pools expertise from several past EU projects in the field of health systems research and brings together 66 partner institutions from 23 Member States and beyond, including four Belgian partners (*Fonds Innoveren En Ondernemen* (FIO); *Fonds de la Recherche Scientifique-FNRS* (FRS-FNRS); *Ministère de la Communauté Française de Belgique* (FWB); *Vlaamse Gewest* (VLAIO))¹⁶⁷.

THCS's goal is to ensure health systems' transition to more resilient, sustainable, innovative and people-centred care systems. Its core mission is to fund research projects and innovative initiatives that involve transnational cohorts of research and innovation organisations. Its activities are structured in three workstreams: producing evidence to fill identified knowledge gaps; supporting the transfer to and piloting of existing solutions in different national and regional contexts; and providing supporting activities (for example, training, technical assistance, networking) to boost health care systems^{99,168}.

As the digital dashboard for PHM in Belgium is envisioned to contribute to the enhancement of integrated care across the health system, which is also seen as an innovative and sustainable tool, the Belgian pilot is aligned with THCS goals. Even though the future calls are not yet decided, the three workstreams of THCS could be of interest to the Belgian case study and the first funding opportunity, whose application window closed on 13 June 2023, focuses on integrated care¹⁰⁰ (see page 25 of the Catalogue). However, it should be considered that THCS has a strong focus on transnational projects. Around 85% of its budget

goes to multi-country joint partnerships, called Joint Transnational Calls (JTCs). JTCs fund transformative actions in the area of health systems research, including implementation research, twinning activities, applied research, coordination and support actions. Hence, to access support from the THCP, Belgium would need to partner with organisations from other countries (see [Section 4.2.3. Cross-country learning opportunities](#)).

Who can apply?

National or regional eligibility may vary with the call (guidance for applicants¹⁰⁰).

In March 2023, the Partnership launched its first JTC, *Health care of the future*, which aims to fund research projects that develop transformative solutions for health systems and to support them in implementing good practices at a large scale. The call encourages, in particular, applications from projects seeking to optimise patient care pathways and contribute towards upscaling solutions for more sustainable, efficient, resilient, ethical, high-quality and accessible person-centred health care systems¹⁰⁰. Applications for this first call were open until 13 June 2023 (with an obligatory intent to apply by 23 May 2023). The consortium applying must include a minimum of three entities from three different countries and a maximum of nine entities from three different countries. Only participants from a country with at least one funder partner can access THCS funding, other participants can only join with their own fundings (Q&A¹⁰⁰).

Similar calls will be launched on an annual basis for the duration of the Partnership. The size, duration and typology of these calls will be defined on an annual basis as well, in consideration of the strategic priorities and recommendations within the partnership's Annual Work

Plan, the strategic research and innovation agenda and funding organisations' specific rules and conditions.

Good to know

Under the supervision of the European Commission, THCS defines annual work programmes. THCS is a very recent initiative, launched in February 2023. There is still room to define thematic priorities for future calls. Priorities for the next JTC will be decided during the second half of 2023.

The European Commission, through DGs RTD, SANTE and CONNECT, is responsible for setting the policy priorities, while HaDEA is responsible for the operational organisation of the THCS.

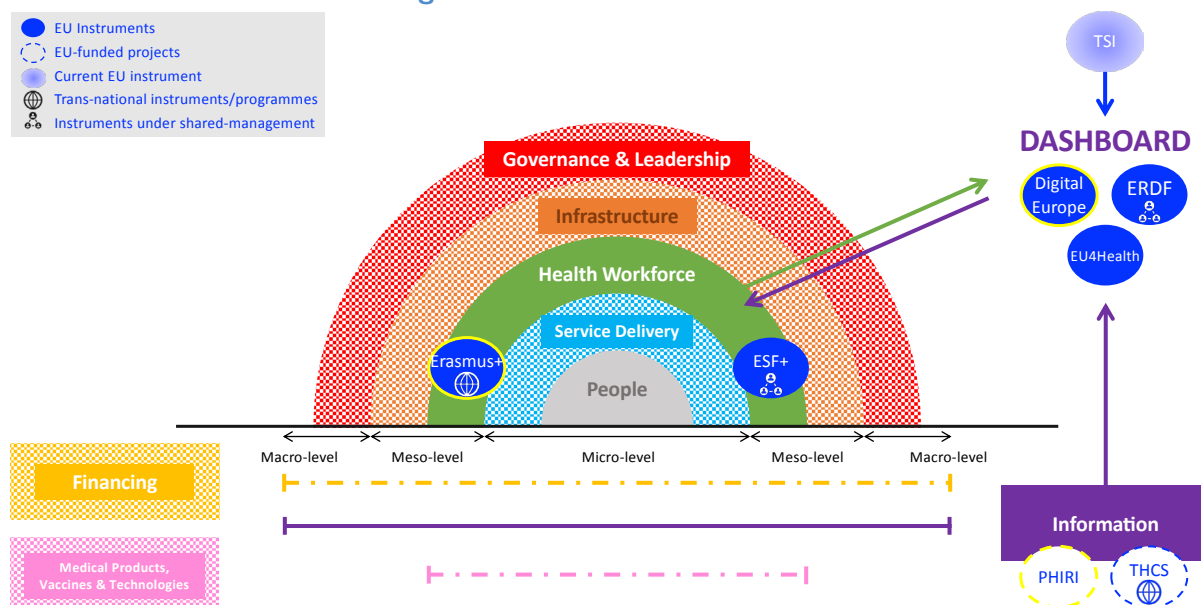
4.2.2 Supporting health workforce and other relevant stakeholders' training on population health management and on data collection and integration

The health workforce is key for the conceptualisation and development of a digital dashboard for PHM. Health workers will indeed both feed the information into the dashboard and use it to integrate PHM approaches into their daily practice. Education and training of the health workforce can have two objectives:

- Increasing the health workforce's knowledge of PHM approaches for integrated care
- Capacity building among the health workforce to collect and integrate robust PHM data

The relevant EU instruments identified for this objective are depicted in Fig. 15 and further detailed below.

Figure 15 EU instruments to support health workforce and other relevant stakeholders' training on population health management and on data collection and integration



Source: Authors' compilation, adapted from references 13, 24 and 25.

4.2.2.1 Funding instruments under indirect management

Erasmus+

Erasmus+ is a long-standing EU programme that supports education, training and learning mobility at all ages through mobility and cooperation opportunities across the EU (see page 29 of the Catalogue). For the 2021–2027 period, Erasmus+ focuses more specifically on four key areas: social inclusion and diversity; digital transition, green transition and promoting young people's participation in democratic life⁶⁴.

The PHM dashboard envisioned in the Belgian pilot corresponds to a digital tool, which contributes to the digitalisation of Belgium's health care system. Hence, training on collecting data to be integrated into a single-point digital tool would contribute to enhancing health workers' digital skills and use of digital infrastructures. Additionally, through its social inclusion and diversity focus, Erasmus+ seeks to better reach out to individuals and organisations with fewer opportunities. It could be argued that PHM approaches contribute to gaining a better understanding of vulnerable populations' needs and therefore to improve their access to high-quality, effective and efficient care. As such, programmes that would aim at enhancing health workforce education and training on PHM are indirectly contributing to better social inclusion.

Opportunities under Erasmus+ can be clustered into three groups of activities:

1. **Learning mobility** of individuals, which encourages the mobility of students, staff, trainees, apprentices, youth workers and young people, notably through Vocational Education and Training (VET) for learners and staff, and adult education for staff.

This type of opportunity includes activities such as teaching, training and course assignments; job shadowing; invitation of and exchange with experts; etc.

Who can apply?

Public or private organisations; local and regional public authorities, coordination bodies and other organisations; and companies and other public or private organisations with a role in initial or continuous VET or adult education are eligible.

Good to know

Erasmus+ does not fund national projects. Therefore, mobility projects should always have a European dimension, focusing on the exchange of experience and good practice in a European context.

Learners and staff mobility opportunities are financed following strict funding rules, which define the amount given per individual participant, the travel costs covered, etc.

Applications for learning mobility are evaluated annually. For most learning mobility programmes, the application deadline is in February; however,

some national institutions may also allow a second application deadline in October. More detailed information can be found in the Erasmus+ programme guide⁶⁵.

2. **Cooperation among organisations and institutions**, which enables the development, transfer and/or implementation of innovative practices at organisational, local, regional, national or European levels.

There are two types of cooperation: the **Partnerships for Cooperation**, which aim at addressing common education and training needs, supporting transformation and change, and developing transnational capacity; and the **Alliances for innovation**, which aim at supporting cross-sectoral activities that enable coherent, comprehensive and adaptive knowledge development across the EU.

Who can apply?

National authorities can participate in cooperation partnerships with partners from other European countries to exchange experience. Any participating organisation established in an EU Member State or third country associated with the Programme is eligible. The full list of eligible countries is available on the Erasmus+ website⁶⁹. One organisation applies on behalf of all participating organisations involved in the project. This minimum number of Member States required to participate can vary depending on the chosen cooperation programme.

Good to know

Cooperation projects can be funded following a predefined three single lump sums menu (of EUR 120 000, EUR 250 000 or EUR 400 000 for cooperation partnerships), or based on an estimated budget for the proposed action (which can go up to EUR 4 million for a 4-year project under an Alliance for Innovation).

Applications for learning mobility are evaluated annually. The application deadline is in March or October, depending on the type of organisation that is applying. More detailed information can be found in the Erasmus+ programme guide⁶⁵.

3. **Support for policy reform** for organisations, which contributes to improving the quality of education, training and youth systems in Europe, as well as promoting transnational learning and cooperation between authorities. They will also contribute to developing the basis for evidence-based policy-making, as well as support networks and tools for policy implementation. Although this type of Erasmus+ support could be of interest if Belgium intends to reflect on a broader reform for health workers' initial and continuous education, it goes beyond the scope of the pilot addressed in this project and is not analysed further at this stage.

Good to know

All Erasmus+ funded projects are transnational. All EU Member States and European Economic Area countries (Norway, Iceland and Liechtenstein) are eligible. However, eligibility for third countries may vary. The full list of eligible countries is available on the Erasmus+ website⁶⁹.

Good to know

Projects funded under the Erasmus+ programme should always have a European dimension. Further information on countries that are implementing or using PHM approaches can be found in [Section 4.2.3 Cross-country learning opportunities](#).

Another EU instrument, the Marie Skłodowska-Curie Actions, organised with a very similar structure to the Erasmus+ programme may be of interest (Box 15). Yet, it should be considered that Marie Skłodowska-Curie Actions focuses on the training of researchers and the promotion of careers in the academic sector; it is therefore not mapped explicitly in Fig. 15.

Box 15 Marie Skłodowska-Curie Actions (MSCA).

MSCA is one of the initiatives funded as part of Horizon Europe's Pillar I (Excellence Science) (see page 23 of the Catalogue). This long-standing programme is the EU programme of reference for doctoral education and postdoctoral training. Its structure is close to the Erasmus+ programme presented above, but it focuses on enhancing the attractiveness of careers in research, notably by contributing to research excellence and boosting jobs, growth and investments in research. MSCA is open to all domains of research and innovation but has a strong international focus.

Among the actions available under the MSCA programme, the staff exchange could be of interest to the Belgian pilot. The MSCA staff exchange aims at fostering international, intersectoral, and interdisciplinary collaborations in research. The use of PHM approaches in daily practice relies on innovative research and robust data. As later mentioned in Section 4.2.3. Cross-country learning opportunities, some EU and non-EU countries have already started reflections and initiatives on the use of harmonised population health databases in health care. Collaboration between Belgian researchers and researchers from these countries may therefore

be of interest to Belgium when conceptualising and developing its dashboard for PHM.

Who can apply?

Applications must be submitted by a consortium of at least three independent entities in three different countries, including at least two EU Member States or Horizon Europe-associated countries. Only legal entities established in an EU Member State or a Horizon Europe-associated country can be beneficiaries. However, if all entities are from the same sector (for example, only academic entities), the consortium must include at least one organisation from a non-associated third country.

Good to know

The maximum duration of a staff exchange is 48 months, and the overall contribution from MSCA amounts to a maximum of persons per month per project. Proposals are evaluated based on three main criteria: excellence; impact; and quality and efficiency of the implementation. The proposal is assessed by one of the eight main evaluation panels, which include the Social Sciences and Humanities (SOC), Economic Sciences (ECO) and Life Sciences (LIF) panels. The indicative budgets of calls are proportional to the total number of eligible projects received within one panel.

4.2.2.2 Funding instruments under shared management

European Social Fund plus (ESF+)³⁹

ESF+ is one of the EU's cohesion policy funds with a focus on social policies, notably education and skills (see page 21 of the Catalogue). It represents the largest fund for professional development for the 2021–2027 period with an overall budget of EUR 99.3 billion. Similarly to ERDF (see Section 4.2.1. Supporting the conceptualisation and development of a dashboard for population health management), most of the funding (EUR 98.5 billion) is managed following a shared management scheme at the Member State level. Budget allocation is set per country and the EU is co-financing 50–95% of that budget depending on the area of investment and the development level of the region in which the activities are taking place. The 2021–2027 budget under ESF+ for Belgium is set at EUR 1.3 million.

The ESF+ regulation sets out the specific objectives of the ESF+, including some that can be relevant to health care activities⁴¹ such as:

- Supporting activities for workers' adaptation to change, including upskilling and reskilling
- Contributing to more equal and timely access to sustainable, affordable and high-quality services

- Improving the accessibility, effectiveness and resilience of the health care system, in particular for vulnerable populations

It could be argued that the Belgian pilot responds to some of these objectives, as PHM and, more generally, integrated care are in essence person-centred care, which aims at providing more effective, accessible, timely and equal care of higher quality for individuals. Additionally, enhancing education and training of health workers on PHM approaches constitutes a way to support workers in their adaptation to change, while promoting the use of these person-centred care approaches.

Who can apply?

ESF+ is available to a broad range of beneficiaries, which include public administrations, workers' and employers' organisations, NGOs, charities and companies.

Good to know

Applications for funding under ESF+ are managed by regional authorities, as Member States are responsible for implementing the planned actions through funding allocation, whereas the European Commission monitors implementation, reimburses expenditure and is ultimately accountable for the budget. Three national

contact points can be approached, one for the region of Brussels, one for the Flanders region, and one for the Wallonia-Brussels programme¹⁷⁰.

4.2.3 Cross-country learning opportunities

A few of the instruments previously presented, such as THCS or Erasmus+, include in their requirements the need to apply with a consortium of EU countries. Box 16 presents a few examples of countries that are implementing or using PHM approaches and could therefore be of interest for an eventual multi-country application.

It should be considered that cross-country learning or best practice exchange can also be performed through

Technical Assistance and Information Exchanges or policy dialogues. Technical Assistance and Information Exchanges is an EU instrument that can, among other activities, facilitate the exchange of best practices between EU Member States' public administrations. Needs-driven, this instrument is designed to bring support at short notice through the organisation of workshops, expert missions or study visits¹⁷¹. Policy dialogues are a type of policy tool that aim at promoting evidence-based policy-making through the organisation of informed discussions and best practice exchanges between policy stakeholders¹⁷². Although policy dialogues can be used for a wide range of policy areas, in health, it is particularly used by WHO, notably through the work of the European Observatory on Health Systems and Policies.

Box 16 Countries that are implementing or using population health management approaches.

The Kingdom of the Netherlands

Since 2013, the Dutch Ministry of Health, Welfare and Sports has launched nine pilots, which are using PHM as a cross-sectoral partnership to notably inform value-based payment models that aim at providing better care at a lower cost¹⁷³. Different strategies and approaches were used for these pilots as they integrate with different levels of development, at different stages of care, and based on different payment mechanisms^{173,174}. While these nine initiatives had a broader scope focusing on the implementation of integrated care and not only PHM, according to Van Vooren et al.¹⁷¹, all nine recognised the importance of existing robust and comprehensive data to assess population health status, health costs and the performance in terms of quality of care. At the time of the study, data infrastructures for integrated use of PHM approaches were still lacking¹⁷⁴.

The University of Leiden is proposing a Master of Science in PHM to train individuals with prior training in health care to develop new competencies that are more adapted to integrated health care systems¹⁷⁵.

The United Kingdom

In the United Kingdom, NHS England has been delivering care based on the integrated care concept across England since 2021¹⁷⁶. As part of its integrated

care programme, many NHS offices are using PHM approaches for integrated care purposes. The use of PHM in England revealed itself particularly useful during the COVID-19 pandemic, as it was used to identify individuals who needed more support while also highlighting furthermore the link between poorer health outcomes with certain social determinants. Additionally, for over 3 years, NHS England has been running the PHM development programme to develop stakeholders' knowledge and skills on PHM. The PHM development programme includes the PHM Academy, an information hub on PHM-related topics, open to any staff member of the health care system, which gather tools such as e-learning materials, UK and non-UK case studies, as well as peer learning opportunities¹⁵. This programme aims at training multidisciplinary teams in health care to use data and analysis in their daily decision-making¹⁵.

France

Since June 2022, France's social health insurance (CNAM) has been publishing epidemiological and related costs on an online platform: <https://data.ameli.fr/pages/data-pathologies/>^{177,178}. The epidemiological mapping of population health in France is used as a basis for budget allocation. Data come from national databases and currently cover the 2015–2020 period. Data are updated on an annual basis¹⁷⁷.

The Belgian case study includes two main objectives: designing and developing a digital dashboard for PHM; and training the health workforce on PHM approaches and data collection and integration. Three main EU instruments of interest were mapped for the first

objective, as well as two additional EU-funded initiatives that could provide support. Three key EU instruments were identified for Belgium's second objective. Table 5 presents a brief summary of the identified instruments, with the most relevant options highlighted in bold.

Table 5 **Brief summary of the main EU instruments of interest to the Belgian case study, with the most relevant options highlighted in bold**

Instruments	Type of management (<i>Direct, indirect and/or share</i>)	Single- vs. multi-country projects	Where and when to apply?	Comments
Digital Europe	Direct and indirect management	Multi-country possible but not mandatory	Call for proposals can be found on the EU Funding & Tenders portal⁵⁷	To develop a dashboard for population health management
EU4Health	Direct and indirect management	Single-country projects	Calls for proposal can be found on the HaDEA platform ⁷⁶	To develop a dashboard for population health management
ERDF	Shared management	Multi-country possible but not mandatory	Application to be submitted directly to the managing authority of the concerned region.	To develop a dashboard for population health management
PHIRI	N/A		Running from November 2020 to November 2023.	To identify the dashboard content and relevant data sources
THCS	N/A	Multi-country projects	Very recent initiative with room to define thematic priorities for future calls. Priorities for the next JTC will be decided during the second half of 2023.	To identify the dashboard content and relevant data sources
Erasmus+	Indirect (and direct) management	Multi-country projects	Detailed information on opportunities scopes, deadlines and application can be found in the programme guide⁶⁵	To support health workforce training on population health management and on data collection and integration
MSCA		Multi-country projects		To support health workforce training on population health management and on data collection and integration
ESF+	Shared (and direct) management	Multi-country possible but not mandatory	Application to be submitted at the national level	To support health workforce training on population health management and on data collection and integration

Source: Authors' compilation based on information obtained from European Commission sources as cited within the table.

4.3 Slovenia: Strengthening access to primary health care

To improve access to primary health care outpatient clinics, the Slovenian case study focuses on adopting alternative patient management processes and more specifically, telephone triage systems to support the delivery of basic and non-urgent health services. This section highlights the EU instruments that could help fund the following actions:

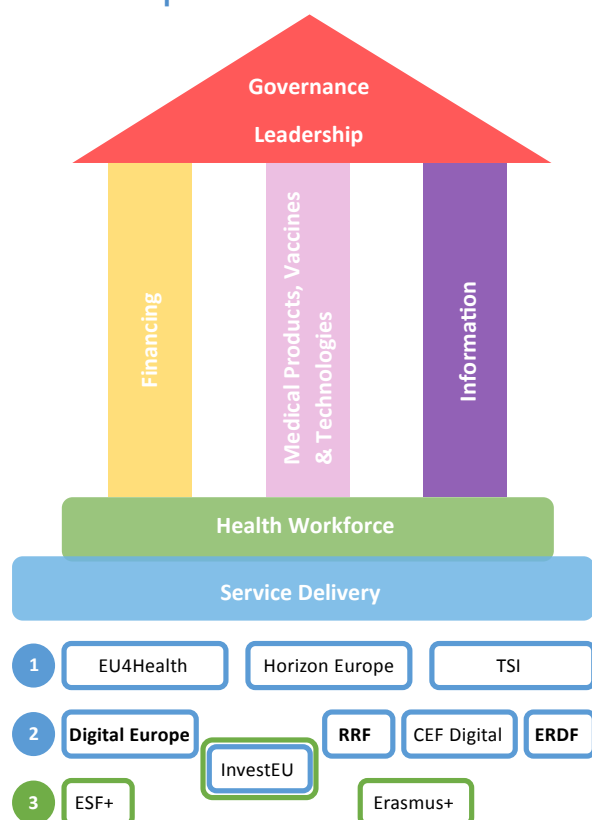
1. Introduction of a telephone triage and advice system, including automated telephone response

systems (such as design of an implementation plan or framework programme)

2. Upgrading existing telecommunication and/or digital infrastructure needed to ensure effective communication between the national call centre, patients and the primary care provider
3. Development of tailored training opportunities for staff to manage the triage system, including "train the trainer" programmes

As for the two pilot cases discussed in previous sections, there are several funding and advisory instruments at EU level that may be suitable to support the Slovenian pilot (Fig. 16). Although the focus here is on interventions that primarily contribute to strengthening

Figure 16 Mapping of relevant EU instruments for the Slovenian pilot case



Source: Authors' compilation, adapted from reference 22.

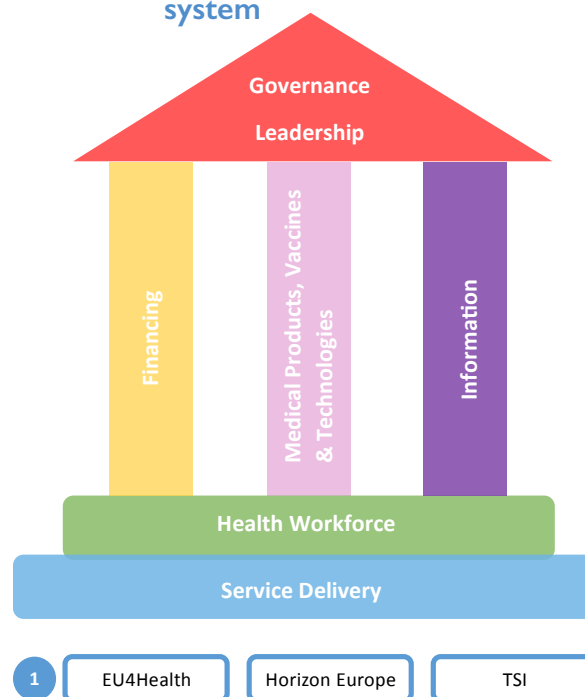
the Service delivery and Health workforce building blocks, the effects of these interventions are transversal and likely to strengthen the remaining pillars (see Section 2.1.3. Slovenia). For example, the implementation of more effective management of health workers' time and better digital infrastructure are linked to both the medical technologies and information building blocks.

This section presents a selection of EU instruments that may support one or more of the key initiatives in the Health workforce and Service delivery building blocks, and in some cases both. They are presented according to the main type of initiative they can support, in order of management type and relevance. In total, 10 EU instruments of interest were mapped and a brief summary of the main EU instruments of interest is depicted in Table 6 at the end of the section on Slovenia.

4.3.1 Designing an implementation plan or framework programme for the introduction of a national telephone triage and advice system

While Slovenia has recently implemented a National Patient Assistance Call Centre, this does not include a triage system. Furthermore, there are currently no defined national or international guidelines/algorithms on how to implement a standardised and national telephone triage and advice system. Therefore, the following EU instruments could support the development of an implementation plan, including the triage algorithm (Fig. 17). All the EU instruments identified for this objective are managing applications centrally at EU level.

Figure 17 EU instruments of interest to design an implementation plan or framework programme for the introduction of a national telephone triage and advice system



Source: Authors' compilation, adapted from reference 22.

EU4Health

The EU4Health programme supports initiatives across four main areas, one being health system strengthening (see page 35 of the Catalogue). This includes actions driving the digital transformation of health care and the enhanced use of digital tools and health data, as the improved accessibility of health systems. Implemented through annual work programmes, different areas of

intervention and types of projects are prioritised and funded each year.

The EU4Health programme does not fund infrastructure or operational costs of health systems. It can support the development of frameworks, models, guidelines and projects, pooling evidence to support decision-makers in translating best practices into their health systems. It may therefore prove useful to the Slovenian project by providing the necessary information and evidence to support the planning and the implementation of the triage system. This may be achieved, inter alia, through best practice exchanges and benchmarking with other EU countries who may have already implemented similar systems or through the development of a framework defining tasks and health workforce training needs for the realisation of the new triage system.

Budgetary allocations are based on the funding decisions and priority areas of interventions defined in the annual work programmes. Disbursement of funds is primarily operationalised through calls for proposals, actions co-financed by the Member States and direct allocations.

Calls for proposals are run for specific projects and eligibility criteria may vary depending on the type of support provided (such as joint action, project, direct funding).

Who can apply?

Any organisation wanting to apply must first register in the Participant Register. All EU Member States and associated third-countries listed in the annual work programme are eligible for EU4Health funding.

Good to know

The scope for funding for a specific project, such as a best practice exchange on digital skills of triage nurses or the development of a framework, may vary in different years. The 2024 annual programme has not been published yet. Targeted consultations for key stakeholders to provide contributions to inform the 2024 work programme are open from the end of March 2023, until 22 May 2023. Preliminary results from these consultations will be communicated during an *EU4Health stakeholder conference* on 9 June 2023¹⁵².

The EU4Health programme could be compatible with other EU instruments (for example, ESF+; ERDF; Horizon Europe; Digital Europe and CEF Digital; InvestEU; RRF; Erasmus+), which may be of interest when blending funds.

Horizon Europe

Horizon Europe is the EU's research and innovation programme. Within Pillar II, the Health cluster (Cluster 1) aims at providing funding for research projects that improve the health of EU populations by

Box 17 **The HORIZON-HLTH-2024-CARE-04-04 Horizon Europe call: a call of interest for the Slovenian pilot**¹⁷⁹.

This Horizon Europe call seeks to support projects that respond to the objectives of Destination 4 on ensuring access to health care, including providing health care workers and service providers with innovative solutions to improve access for vulnerable populations. Slovenia's envisioned telephone triage and advice system aims at tackling the current challenges with access to primary health care through the digitalisation and optimisation of patient triage within its national call centre. Moreover, the expansion of the activities of the national call centre aims at contributing to maximising health care providers' capacity to care for different patient groups, including vulnerable patients who may have poor digital literacy or limited access to digital tools. Hence, Slovenia's research activities in designing an implementation plan or framework programme for the introduction of a national telephone triage and advice system could be eligible for this call.

Who can apply?

All legal entities (individuals, companies, researchers or universities, institutions, association and organisations) from an EU Member State or a third-country

associated with the Horizon Europe programme are eligible.

Projects that include research activities, which seek to deliver results aligned with the Destination 4 objectives. Project proposals should define the health care system's services that are targeted, the existing barriers to their access, and the proposed solution, and should include a data improvement strategy and cost analyses. Moreover, projects are expected to involve people or groups of people to represent the vulnerable populations targeted.

Good to know

The call follows a two-stage evaluation, with the first deadline on 19 September 2023, and the second on 11 April 2024. Detailed information on the application process and requirements can be found on the advertised call for proposals on the EU Funding & Tenders Portal¹⁵⁷.

Projects are encouraged to connect with the European Partnership on Transforming Health and Care Systems (THCS). More information on THCS can be found in Section 4.2.1.3. of the Belgian case study.

generating new knowledge or developing innovative solutions (see page 23 of the Catalogue). Among its areas of intervention, Horizon Europe's health cluster includes health care system-related initiatives and digital solutions and technologies for health care.

Horizon Europe is work programme-based. Work programmes are set for 2 years and define the content of the calls for proposals. The Health cluster in the current 2023–2024 Horizon Europe programme is structured around six Destinations that correspond to key objectives for this period. Destination 4 focuses on access to health care, a topic that is aligned with the Slovenian pilot¹⁷⁹. One ongoing call may be of particular interest for Slovenia's pilot and is further detailed in Box 17.

Technical Support Instrument

The current project under the TSI will support Slovenia in its initial exploration of options for the introduction of a national telephone triage and advice system and in the preparation of its application to other EU instruments. Yet, the development of a comprehensive implementation plan is outside this project's scope. Hence, separate TSI projects or other types of advisory support at EU level may complement the financial mechanisms presented in this section and assist Slovenia in devising a strategy for the adoption of the automated triage system within its rapidly evolving eHealth landscape, while at the same time, ensuring that duplications or incompatibilities with other ongoing digital health initiatives subject to EU support are avoided.

Notably, DG Reform has been supporting Slovenia through the TSI with developing an eHealth strategy and investment plan for the roll out of digital health services in the country between 2022 and 2027, including the country's transition to electronic health records, the set-up of a national telemedicine framework and the establishment of a supportive legal environment for better connectivity between existing health information systems in the country¹⁸⁰. This technical assistance is being delivered in complementarity with implementation of Slovenia's RRP and could potentially represent a steppingstone for the changes needed at organisational and regulatory level to make the triage system function in practice, especially if funding from the RRF can also be leveraged for this pilot case. It also means that Slovenia has prior experience with TSI

support and can leverage its knowledge to apply for further assistance under the instrument.

Who can apply?

All EU Member States can apply to the TSI and the instrument can support a broad range of policy areas, including health care and digital policies¹⁸¹.

Good to know

The TSI budget for the 2021–2027 period is of EUR 864 million (or EUR 115 million per year).

Member States have until October of each year to apply for the TSI and it takes on average 24 months to complete the process from the application submission to the signature of the project agreement¹⁸¹.

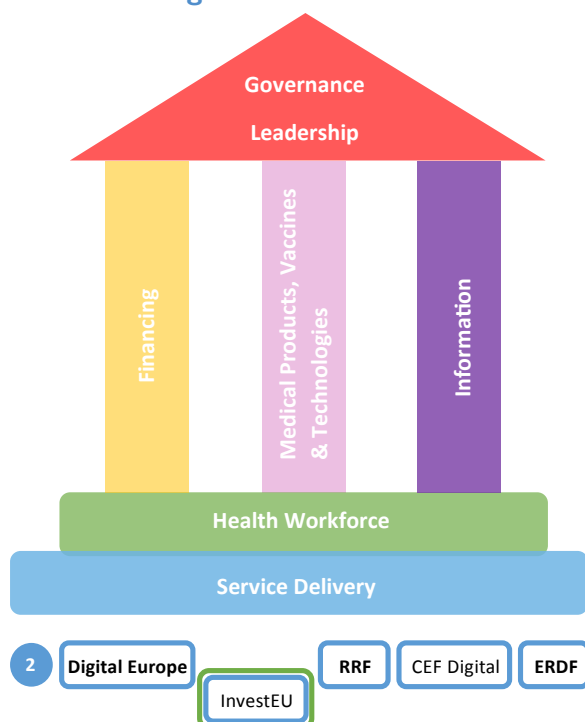
More information can be found on the published *Questions and Answers on the Technical Support Instrument 2021–2027*¹⁸¹.

More information on the diverse range of advisory services offered at EU level and how they could potentially be blended with the financial instruments presented in each of the country-specific pilot studies is explored in [Section 5 Advisory services to support implementation](#).

4.3.2 Upgrading existing telecommunication and/or digital infrastructure

As the design and implementation of a telephone triage and advice system within the national call centre will first require the development of both the system algorithm and an implementation plan (see [Section 4.3.1. Designing an implementation plan or framework programme for the introduction of a national telephone triage and advice system](#)), the type of telecommunication and digital infrastructure that might be needed cannot be specifically predicted at this stage. Therefore, the instruments presented below (Fig. 18) cover a broad scope of applications: some (InvestEU, ERDF and RRF) can support the digitalisation of public authorities, whereas others (such as Digital Europe and CEF) can support a wide range of digital projects, including strengthening cybersecurity or specific digital infrastructure, such as 5G connectivity.

Figure 18 **EU instruments of interest to upgrade existing telecommunication and/or digital infrastructure**



Source: Authors' compilation, adapted from reference 22.

4.3.2.1 **Funding instruments under direct or indirect management**

Digital Europe

The Digital Europe programme is a centrally managed funding instrument that supports projects in five key areas, including ensuring the spread of digital technologies across the EU as well as reinforcing cybersecurity (see page 32 of the Catalogue). The programme targets businesses, citizens and public administrations.

Work programmes are set for 2 years and define the content of the calls. The current work programme runs for the 2023–2024 period. It aims both at ensuring the continuation of the activities started during the previous programme and introducing new actions that are aligned with EU priorities. Supporting digital transition is one of the main focus areas, with key targets for digital infrastructures and the digitalisation of public services. The 2023 budget is of EUR 392 million, including EUR 86.8 million to fund actions linked to the deployment of digital technologies including for public services. The 2024 budget is EUR 517.5 million, but the detailed budget allocation has not yet been defined.

Who can apply?

Calls for project proposals are launched by the European Commission. Project developers or organisations can submit a proposal in response to published calls for proposals. The proposal is evaluated based on the criteria developed in Appendix 1 of the 2023–2024 work programme, such as the alignment with the description of the call proposal, the feasibility of the implementation plan, or the estimated impact of the project⁷⁷. The eligible types of actions for grants and their respective funding rates are further detailed in Appendix 2 of the 2023–2024 work programme⁷⁷, but potential applicants should consider that most calls for proposals in 2023 had a Digital Europe funding contribution of 50%.

Good to know

Projects with a focus on boosting digitalisation are managed and their implementation is monitored by the Health and Digital Executive Agency (HaDEA)¹⁸²;

The European Commission has developed a guidance document with practical insights on establishing synergies between centrally managed EU programmes, with a focus on Horizon Europe, and programmes under shared management, such as the ERDF. Although focused on these two programmes, the document can be understood as a blueprint for wider synergies between these different types of EU funds, thus also being of relevance for the Digital Europe and CEF programmes (also centrally managed)¹¹⁹.

For example, the European Digital Innovation Hubs, an initiative of the Digital Europe programme to create one-stop-shops for public and private organisations seeking support with implementing digital projects, can be co-funded through the Digital Europe and ERDF programmes (presented briefly in Box 18). Box 9 in the Austrian case study section also describes possible synergies between Horizon Europe and the ERDF (see Section 4.1.1.2. Funding instruments under shared management), although more detailed information on specific options for synergies can be found in the guidance document published by the European Commission^{119,183}.

Box 18 European Digital Innovation Hubs (EDIHs).

EDIHs are focal points for companies and public sector organisations seeking support with managing digital challenges. As part of the support offered, beneficiaries can receive training and assistance with skills development.

In a first call, over 130 EDIHs were selected, and many became operational at the start of 2023, forming part of an EDIH network for knowledge transfer and cooperation¹⁸⁴. Slovenia currently hosts three such hubs, offering support to both public and private sector organisations, including local municipalities and governments:

- 4PDIH: Public, Private, People Partnership Digital Innovation Hub
More information on <https://www.4pdih.com>
- DIGI-SI: DIGITAL EMERGENCY RESPONSE FOR SLOVENIA¹⁸⁵
- SRC-EDIH: Smart, Resilient and Sustainable Communities – European Digital Innovation Hub
More information on <http://www.src-edih.eu>

Synergies between the ERDF (as well as RRF) and Digital Europe are possible within the scope of financing EDIHs¹⁸⁶.

Recovery and Resilience Facility (RRF)

The Slovenian recovery and resilience plan (RRP) consists of 55 investments and 33 reforms, whose implementation is supported by EUR 1.49 billion in grants and EUR 0.7 billion in loans. Twenty-one percent of the plan is dedicated to promoting the country's digital transition¹⁸⁷. This includes EUR 144 million to be invested in digital skills, as well as EUR 260 million in public administration (of which 83 million earmarked for digital transition objectives in the health sector).

With 209 milestones to reach, the Slovenian RRP will deliver reform and investment priorities along four main pillars and a total of 16 components (listed below for the pillars most relevant to the Slovenian pilot, including budgetary contributions to digital transition objectives):

- Green transition
- Digital transformation
 - Component 1: Digital transformation of the economy
 - **Component 2: Digital transformation of the public sector and public administration (EUR 258.9 million)**
- Smart, sustainable and inclusive growth
 - Component 1: Research, development and innovation

- Component 2: Increasing productivity; investor-friendly business environment
- Component 3: Labour market – measures to reduce the impact of negative structural trends
- Component 4: Sustainable development of tourism, including cultural heritage
- **Component 5: Strengthening competences, especially digital ones and those required in new jobs and green transition (EUR 60.35 million)**
- Component 6: Efficient public institutions
- Health care and social security
 - **Component 1: Health care (EUR 83 million for digital; EUR 225 million for health care component overall)**
 - Component 2: Social security and long-term care
 - Component 3: Social housing

Slovenia's RRP places a strong focus on health care and digitalisation (Box 19), and the digital transformation of the Slovenian health care system is one of the key stated priorities. The Slovenian pilot, which includes the objective of upgrading the existing digital infrastructure and training staff to the use of the features to be developed, is very well aligned with the scope of the national RRP; a discussion with implementing authorities would elucidate this point.

Who can apply?

Calls for proposals are managed by the coordinating institution (Box 20). Eligibility criteria may vary for different projects and components of the RRP.

Good to know

The coordinating institution, the Office of the Republic of Slovenia for Recovery and Resilience, is hosted at the Ministry of Finance. It also functions as the Slovenian national focal point, through which information on upcoming calls and funding opportunities can be obtained.

The RRP prioritises projects that can be implemented by the end of the RRF in 2026 and, at the same time, seeks to establish complementarities with other EU funding schemes and instruments (including the TSI, as previously mentioned in the TSI section).

An overview of funding complementarities with other mechanisms under the MFF 2021–2027 is presented in the Ministry of Finance's RRP summary document¹⁹⁰, where a total of EUR 465 million will be made available

Box 19 **Examples of health sector measures foreseen in Slovenia's RRP**^{188,189}.

Digital health

- National platform for telemedicine
- Electronic health records
- Central Picture archiving and communication system
- Electronic appointment and procurement systems

Infrastructure

- New medical facilities and equipment, including upgrading and construction of two infectious disease hospitals in Maribor and Ljubljana

Long-term care

- Better integration of health care and social care services

Skills

- Strengthening competences of health workforce to ensure quality of care
- Strengthening digital competences of health care actors

for the digital transformation and EUR 1.47 billion for health care and social security (including REACT-EU and other MFF 2021–2027 funding streams) by 2030.

Box 20 **Contact details of the National Coordinating Institution.**

National Coordinating Institution: Office of the Republic of Slovenia for Recovery and Resilience

Contact: gp.ursoo@gov.si

Phone: +386 1 369 68 92

InvestEU

The InvestEU programme offers investment opportunities across four policy windows (see page 28 of the Catalogue), of which two are of particular relevance to the Slovenian project (in bold):

- Sustainable infrastructure
- **Research, innovation and digitalisation**
- SMEs
- **Social investment and skills**

Beyond the mobilisation of investments for projects with a focus on digitalisation and skills development, the InvestEU programme also offers advisory support through its advisory hub (see [Section 5. Advisory services to support implementation](#)). This allows promoters to be guided through the stages of developing an investment project from start to finish.

The InvestEU programme is a demand-driven programme, which has brought 13 centrally managed funding instruments from the previous MFF under a single roof. Examples of projects funded by one of the predecessor programmes, the European Fund for Strategic Investment (EFSI) in the past MFF are briefly presented in Box 21.

Who can apply?

Eligibility criteria may vary according to the InvestEU implementing partner. For example, the EIB group or the European Bank for Reconstruction and Development may be responsible for the implementation of a project. National promotional banks also represent potential implementing partners, although the Slovenian national promotional bank is currently still in the process of negotiating a guarantee agreement with the European Commission. Public projects in partnership with private investors can be eligible, as well as social investments.

Good to know

Projects are eligible for support through the InvestEU Advisory Hub regardless of whether they are receiving financial support through the programme. The hub also advises on the use and possible combinations with other EU funding instruments. More information on the InvestEU Advisory Hub can be found in [Section 5 Advisory services to support implementation](#).

Box 21 **Best practice examples from the European Fund for Strategic Investment (EFSI), a predecessor programme to InvestEU.**

Primary health care in Ireland

Project cost: EUR 142 million

Loan: EUR 70 million

This project was the first EIB backing for Primary Health Care investment in Europe, and aimed to finance the development, implementation, maintenance and management of 14 Primary Care Centres (PCC). This was part of the *Future Health – A Strategic Framework for the reform of the Health Service* of the Irish Department of Health, which aimed to establish 300 PCCs nationwide and develop services in the community, which gave people direct access to integrated multidisciplinary teams of health care professionals.

The national authorities tendered the package of 14 centres as a public–private partnership. The winning consortium was supported with funding from EIB. The delivery of the PCCs supported the Irish Government's Health Reform agenda at a national level to reduce the reliance on the hospital sector and to provide faster access to services that are best provided in the local setting.

E-Health Ireland

Project cost: EUR 455 million

Loan amount: EUR 225 million from EIB

The project had two promoters, the Department of Health and the Health Service Executive and aimed at implementing strategic IT solutions across the health sector. This included digitalising and processing health data, creating the National Shared Record – a database extracting Irish patients' key data from local records – as well as additional aspects within health sector management. To ensure proper implementation and operation of the project, the Health Service Executive established a dedicated specialised executive agency, e-Health Ireland.

KUJAWSKO-POMORSKIE Healthcare Programme III in Poland

Project cost: PLN 650 million

Loan amount: PLN 238.5 million

This project involves the modernisation, extension and equipping of the Regional General Hospital *Ludwik Rydygier* in Toruń that is owned and managed by the Kujawsko-Pomorskie Region, located in mid-northern Poland. Planned investments aimed at achieving the technical and professional hospital standards required by Polish law, increasing service capacity, improving the quality of medical services and accommodation, and rationalising support services for provincial hospital operation including hospital waste management.

CEF Digital

The CEF is a centrally managed funding instrument for investment in infrastructure, covering the transport, energy and digital sectors (see page 31 of the [Catalogue](#)). As part of the CEF digital funding arm, different types of digital connectivity infrastructure projects can be supported, including the deployment of digital backbone and high-speed 5G networks to ensure comprehensive territorial coverage. The CEF digital branch may be a useful funding mechanism to co-finance the IT infrastructure underlying the Slovenian telephone triage system.

Who can apply?

Public or private bodies in eligible countries (mostly EU countries, third countries can be involved under specific conditions), for some calls there are minimum consortium composition requirements.

Good to know

Calls for CEF digital funding are regularly published by HaDEA and usually cover specific topics. The second call for funding was launched in late 2022 and closed in February 2023 with a focus on projects supporting the deployment of 5G corridors and communities, backbone networks and operational digital platforms.

Each EU Member State has one or more specific CEF contact point(s). In Slovenia, the national contact point for the CEF Digital branch is currently located in the Ministry of Digital Transformation (see Box 22).

Box 22 **Contact details of the CEF National Contact Point for Slovenia.**

CEF Digital National Contact Point for Slovenia:
Ministry of Digital Transformation

Contact: Ksenja Podpečan

Email: Ksenja.Podpecan@gov.si

EU resources for investing in and strengthening health systems

4.3.2.2 Funding instruments under shared management

European Regional Development Fund (ERDF)

ERDF is one of the EU instruments from the cohesion policy funds (see page 20 of the Catalogue). Over EUR 250 million have been invested in the Slovenian health care system from the ERDF between 2007 and 2020 (combined with REACT EU and Coronavirus Response Investment Initiative funding). The majority of funded projects have focused on infrastructure, renovation and modernisation efforts, including the implementation of digital solutions in the area of prevention and vaccine procurement. In the ongoing MFF, around EUR 60 million will be invested on health care, including for the construction and renovation of infrastructures.

As can be deduced from Box 24, the ongoing Cohesion Policy Programme in Slovenia foresees investments for the development of digital public services and the interoperability of existing IT infrastructure, which could be of potential interest to seek co-financing for the implementation of the automated telephone triage system.

As for the ESF+, conditions for the implementation of the ERDF have been defined in the Partnership agreement with the European Commission, while the fund is operationalised via the main national programme, the EU Cohesion Policy programme 2021–2027, which pools funding from the ESF+, ERDF, Cohesion Fund and JTF¹⁹¹. The national managing authority in charge is the Ministry of Cohesion and Regional development (contact details provided in Box 23 below).

Who can apply?

Calls for proposals related to health are generally managed and launched by the line ministries, in this case, the Ministry of Health, which acts as the intermediate body, while the managing authorities, in this case, the Ministry of Cohesion and Regional development, manage the (national) programmes. Eligibility criteria vary by type of call, although public institutions, universities, associations, NGOs, voluntary organisations, as well as some private sector organisations (including small businesses) are generally eligible to apply.

Good to know

Synergies with other funding instruments, notably Horizon Europe, are possible through simplified selection procedures like the Seal of Excellence. See Box 9 (see Section 4.1.1.2. Funding instruments under shared management) and the Commission synergy guidance document¹¹⁹ for further information.

Funding can be transferred from less developed to more developed regions and also across different instruments, including to other Cohesion Funds (JTF, ESF+, Cohesion Fund) and the InvestEU programme under specific conditions (specific provisions can be found on the European Commission's website on regional policy)¹⁹².

Box 23 Contact details of the national managing authority in Slovenia.

Managing authority: Ministry of Cohesion and Regional development

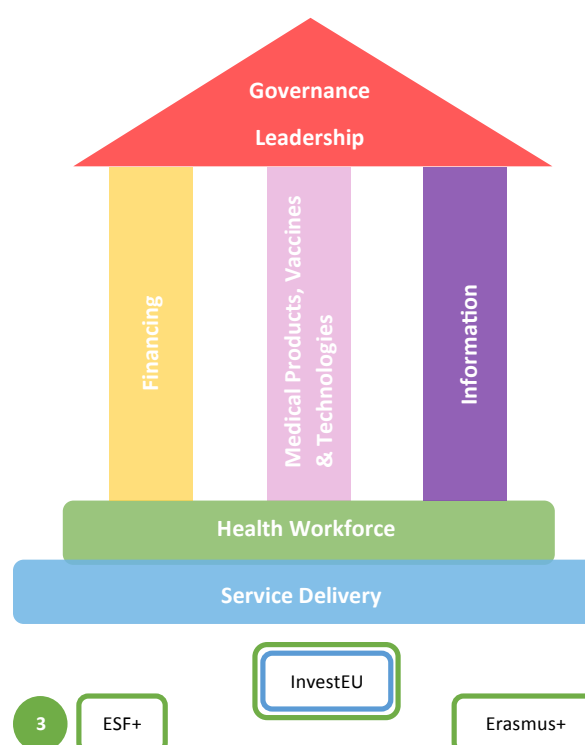
Contact: Mojca Aljancic

Email: gp.svrk@gov.si

4.3.3 Developing tailored training opportunities for staff to manage the triage system

The relevant funding instruments identified for this objective of the Slovenian pilot case are mapped on the analytical framework in Fig. 19 and further detailed in this sub-section.

Figure 19 EU instruments of interest to develop tailored training opportunities for staff to manage the triage system



Source: Authors' compilation, adapted from reference 22.

4.3.3.1 Funding instruments under indirect management

InvestEU

Among its policy window, InvestEU includes a focus on skill development which may be of interest for Slovenia to develop training opportunities for staff to manage the triage system. For more information on accessing InvestEU opportunities, see [Section 4.3.2.1](#).

Erasmus+

Erasmus+ finances a range of educational and training projects targeted at both individuals and organisations. The former is particularly focused on enabling the learning mobility and exchange opportunities for individuals across the Union and beyond. The latter envisages cooperative actions between different European organisations to jointly develop innovative practices and find ways to transfer knowledge and apply new models in practice. Detailed information on the instrument's scope and funding conditions is provided in the [Catalogue](#) (see [page 29](#)) and previous section on Belgium (see [Section 4.2.2.1](#)).

BeWell, presented in [Box 11](#) earlier (see [Section 4.1.2.1](#)), is an example of the types of European multi-stakeholder projects which can be co-funded through Erasmus. This project in particular involves partners from 11 countries, including higher education institutions, research organisations, representatives from the labour market and NGOs. Although Slovenia is not represented among the partners of this project, the outputs of the project will include a monitor of training opportunities and the development of a skills strategy, providing an open-source framework for the implementation of training programmes in practice.

At the same time, the BeWell project is one of many initiatives anchored within the EU-wide “*Pact for skills*”, which brings together different stakeholders to scale up training opportunities and tackle workforce challenges posed by the green and digital transition. Services offered include tailored events, a networking hub, a knowledge hub, as well as access to a guidance and resources hub on available EU funding¹³⁰.

Who can apply?

National authorities in partnership with partners from other European countries can apply for cooperation partnerships through Erasmus+. Public authorities (as well as industry stakeholders and training and education providers) can register for the health partnership within the Pact for Skills, which is coordinated by the European Health Management Association (EHMA)¹⁹³.

Good to know

Erasmus+ does not fund national training programmes, but participation in collaborative projects with a European dimension, such as the BeWell project, could enable Slovenia to identify training opportunities and access pooled knowledge on the skills required to develop effective training material for its health workforce, including primary health care nurses.

4.3.3.2 Funding instruments under shared management

ESF+

ESF+ is one of the EU's cohesion policy funds with a focus on social policies, notably education and skills (see [page 21 of the Catalogue](#)). Under the ESF+ (and its predecessor programme ESF), over EUR 50 million have been invested in the Slovenian health system between 2007 and 2020. In the areas of long-term and community care, the expansion of health services was supported through funding of training opportunities during the 2014–2020 MFF. In the current MFF, Slovenia is planning to invest EUR 58.5 million from its ESF+ allocations into health care. Although a strong focus on the long-term care system will remain, enhancing the digital literacy of health care workers is also featured among its key investment priorities.

As set out in the Partnership agreement with the European Commission, the allocated funds will be invested in the five Cohesion Policy priority areas ([Box 24](#)) and the ESF+ is operationalised via two national programmes¹⁹¹:

- The European Cohesion Policy programme 2021–2027, which pools funding from the ESF+, the ERDF, the Cohesion Fund and the JTF
- The Programme for Material Deprivation, which is an ESF+ programme only

The implementation of the two programmes is managed by the national managing authority, the Ministry of Cohesion and Regional Development¹⁹⁴.

Who can apply?

Calls for proposals are managed and launched by the managing authority. Eligibility criteria vary by type of call, although public institutions, universities, associations, NGOs and voluntary organisations, as well as some private sector organisations (including small businesses) are generally eligible to apply.

Good to know

Budgetary allocations under the Cohesion Policy funds vary by degree of regional development. Within the

Box 24 Cohesion Policy priorities: Key areas of investment of relevance to Slovenia's pilot case¹⁹⁵.

1. Smarter Europe (supported via ERDF)
 - **Digital transformation: digitalisation in public services and provision of digital skills**
 - **Improving Digital connectivity: strengthening interoperability between public IT systems**
2. Greener Europe (supported via ERDF, Cohesion Fund and European Maritime, Fisheries and Aquaculture Fund)
3. Connected Europe (supported via the ERDF and the Cohesion Fund)
4. Inclusive Europe (supported via the ESF+ and ERDF)
 - **Ensuring a sufficiently broad range of general and professional competencies: bolstering lifelong learning, upskilling and reskilling, including digital skills and knowledge**
5. A Europe closer to citizens (supported via the ERDF and European Maritime, Fisheries and Aquaculture Fund)
 - **Ensuring solidarity-based and sustainable social protection, health care and long-term care systems: tackling workforce shortages, paying more attention to new (alternative) models of care, and healthy ageing.**
 - **Reducing development disparities: paying more attention to diversity and accessibility of services of social importance including health care.**

scope of EU Cohesion Policy, Slovenia is divided into two NUTS2 regions based on the level of development and population¹⁹⁶:

- West Slovenia, classified as developed (project co-financing up to 40%)
Regions included: Gorenjska, Goriška, Obalno-kraška and Central Slovenia
- Eastern Slovenia, classified as less developed (project co-financing up to 85%)
Regions included: Pomurska, Podravska, Koroška, Savinjska, Zasavska, Posavska, Southeastern Slovenija and Primorsko-notranjska

Table 6 **Brief summary of the main EU instruments of interest to Slovenian case study, with the most relevant options highlighted in bold**

Instruments	Type of management (<i>Direct, indirect and/or share</i>)	Single- vs. multi-country projects	Where and when to apply?	Comments
EU4Health	Direct and indirect management	Single-country projects	Calls for proposal for can be found on the HaDEA platform ⁷⁶	To design an implementation plan or framework programme for the introduction of a national telephone triage and advice system
Horizon Europe	Direct (and indirect) management	Often multi-country projects	Call for proposals can be found on the EU Funding & Tenders portal ⁵⁷ . Online application form. Scope and deadlines are call specific.	To design an implementation plan or framework programme for the introduction of a national telephone triage and advice system
TSI				To design an implementation plan or framework programme for the introduction of a national telephone triage and advice system
Digital Europe	Direct and indirect management	Multi-country possible but not mandatory	Call for proposals can be found on the EU Funding & Tenders portal ⁵⁷	To upgrade existing telecommunication and/or digital infrastructure
RRF	Direct (and indirect) management	Single-country projects	National RRP already approved. Eventual funding opportunities are country specific	To upgrade existing telecommunication and/or digital infrastructure
InvestEU	Indirect (and direct) management	Multi-country possible but not mandatory	Project initiators should reach out directly to implementing partners in order to explore appropriate financing options based on the financial instruments backed by the EU guarantee	To upgrade existing telecommunication and/or digital infrastructure To develop tailored training opportunities for staff to manage the triage system
CEF Digital	Direct and indirect management	Multi-country possible but not mandatory	Calls for proposal for CEF Digital can be found on the HaDEA platform ⁷⁶	To upgrade existing telecommunication and/or digital infrastructure
ERDF	Shared management	Multi-country possible but not mandatory	Application to be submitted directly to the managing authority of the concerned region	To upgrade existing telecommunication and/or digital infrastructure
Erasmus+	Indirect (and direct) management	Multi-country projects	Detailed information on opportunities scopes, deadlines and application can be found in the programme guide ⁶⁵	To develop tailored training opportunities for staff to manage the triage system
ESF+	Shared (and direct) management	Multi-country possible but not mandatory	Application to be submitted at the national level	To develop tailored training opportunities for staff to manage the triage system

Source: Authors' compilation based on information obtained from European Commission sources as cited within the table.

5. Advisory services to support implementation

The EU has established different types of advisory services over the years, which provide tailored technical support in a range of thematic areas. Some of the key ones are summarised in Table 7, which also highlights which types of services may be best suited to support the diverse pilot cases chosen by the Member States.

Different EU advisory services address different stages in the change process, with only the TSI covering the full scope from the earliest stages of formulating an idea for reform or a policy change all the way to the large-scale implementation of change. Most of the services provided are specialised on leveraging capital for infrastructure, which may entail large-scale investments which do not necessarily align with the needs and priorities of projects in the health sphere. Lastly, none

of the available services provide targeted support for health systems.

These insights reflect findings from the 2021 policy brief on EU support instruments, which demonstrated that health projects are most commonly pursued through funding instruments that are anchored within other policy areas. While these services have been effective in promoting a broad range of health projects, the types of expertise required to meet the particular needs of health systems may not always be available through these services. Furthermore, they underscore the need to expand the available support options and provide comprehensive tailored assistance to cover different stages of the change process through a single instrument (the rationale behind the EU Resources Hub this project aims to develop).

Table 7 **Key EU advisory services that could provide tailored technical support to Austria, Belgium and Slovenia**

Advisory Service	Thematic focus	Requirements (project size, beneficiaries)	Types of support provided	Pilot cases potentially supported
Invest EU Advisory Hub	Along the four priority windows of the InvestEU programme: • Sustainable infrastructure • Research, innovation and digitalisation • Small- and medium-sized companies • Social investment and skills	Public and private project promoters are eligible (including EU Member States as sovereign states)	Demand-driven Connects project promoters and intermediaries with advisory partners to help projects reach the financing stage. Identification, preparation, development, structuring, procurement and implementation of investment projects	Austria Belgium Slovenia
Green assist	Environment, Climate, Energy, Circular economy	Public and private project promoters are eligible. Minimum size of projects generally starts at EUR 2.5 million capital investment	Demand-driven Development of green investment projects and incorporation of greening elements when designing other types of investments (for example, environmental impact of a project)	Austria
EIB	Broad	Public and private project promoters are eligible	Demand-driven Strategic development, market development, and project development (support with preparing, structuring and implementing projects that are then funded by the European Investment Bank or by others)	Austria Belgium Slovenia
TSI	Broad	EU Member States	Demand-driven Tailor-made technical expertise to support design and implementation of reforms. Support covers all stages of reform and can include strategic and legal advice, studies, training and expert visits on the ground, among others	Austria, Belgium, Slovenia
JTM Ground-work Platform	Environment, Climate, Energy	Just Transition Fund regions (municipalities, regional authorities, managing authorities)	Demand-driven Technical support for implementation of just transition plans (project identification, development, capacity building, stakeholder engagement, cross-border cooperation, among others)	Austria (only regions included in the Territorial Just Transition Plan)
PHIRI (Horizon Europe-funded project)	Population health information, health data infrastructures	Research communities across the EU	A range of services are offered to participating entities, including regular exchanges (Rapid Exchange Forum) and a School on Health Information	Belgium

6. Conclusion

Among the broad range of EU instruments available to EU Member States, several are potentially able to support the areas of Research and Training, Infrastructure and Climate, and Digital relevant for the planned pilots in Austria, Belgium and Slovenia. When focusing on the available instruments that are relevant to at least one of the Member State's pilots, we can see that there is a well-balanced mix between the funds managed through direct management and the funds managed through shared management. There is also a mix between the funds that are work-programme-based, such as Digital Europe or Erasmus+, demand-driven investment instruments, such as InvestEU and EIB, and operational-programme-based, such as the Cohesion Policy Funds. This implies that the timing for pilot planning should be carefully examined to ensure that opportunities are not missed because of misalignment with instrument deadlines and that available pathways are used in a timely manner.

Yet, regardless of the type of fund, EU instruments are often not designed to fund projects in full. Beyond figuring out the options for combining EU funding with the country's own resources, blending different EU instruments may be of particular added value for the realisation of plans and is often feasible. To navigate the gaps and challenges that may occur when blending funds, tailored guidance documents for specific tools are progressively being developed (for example, ERDF and Horizon Europe). However, to ensure that EU funding is spent efficiently, as well as to increase the chances to access these funds, duplications must be avoided. The same DGs and/or executive agencies are indeed often in charge of multiple instruments; this element should be an important consideration in the development of the Hub's capabilities and might require simulating examples beyond the three pilots captured in this report.

Moreover, for all the EU instruments, one of the key requirements is the alignment of the proposal with the scope and objectives of the fund or call. While the corresponding sections in this report have tried to offer plausible links of each pilot's objectives to the key requirements of identified instruments, this will in all likelihood need to be discussed further and is a skill that should be imparted on the communities of practice developed in this project as a result of capacity building efforts, as well as potentially a key consideration for the future staff of the Resource Hub.

Another key element to consider is the size of the funding needs. Some loan-based financial instruments, such as EIB and InvestEU, are primarily intended for big and bankable projects, and may not be suitable for smaller projects common under health system strengthening projects in general. However, as funding instruments evolve, new types of opportunities are emerging in terms of both the size and scope of funding needs, such as the possibility to include operating expenses for training in EIB framework loans. This means that the landscape of EU support instruments is dynamic in several ways, and the overview presented in this report should be considered a snapshot that needs regular updating and reconsideration. Part of the functionality of an EU Resources Hub would be keeping up to date with changes and additions in available opportunities.

Finally, different types of EU advisory services that are already available and can be combined with support from other instruments are not dedicated specifically to health and they are often targeting large loan- and/or infrastructure-based projects. This clearly confirms the necessity for an EU Resources Hub for Health, but also highlights the importance of ensuring synergies between existing structures and services and the avoidance of duplication.

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Appendix I

EU instruments of interest
for the pilot cases of
Austria, Belgium and/or Slovenia

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia**

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Recovery and Resilience Facility (RRF)	DG ECFIN RECOVER	Economic and social policy	Research & Training; Infrastructure & Climate; Digital	Depends on the National Recovery and Resilience Plan	Funding (Grants, Loans) ²⁸	Direct (and indirect) management ^{26,28}	There is no obligation to include cross-border projects ^{28,30}	EUR 723.82 billion (including EUR 338 billion in grants and EUR 385.8 billion in loans) ²⁹

Cohesion Policy Funds³²								
European Regional Development Fund (ERDF)	DG REGIO	Regional cohesion policy	Research & Training; Infrastructure & Climate; Digital	Service delivery; Medical products, vaccines & technologies	Funding (Grants) ³³	Shared management ³⁴	Cooperation between regions and countries is not required, but possible ^{34,35}	EUR 200 billion (including: EUR 537 million for AT; EUR 1.15 billion for BE; EUR 1.54 billion for SI) ^{34–36}

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia**

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Recovery and Resilience Facility (RRF)	Key instrument of the Next Generation EU recovery plan, the RRF is a temporary recovery instrument that offers grants and loans to support reforms and investments in the EU Member States. Structured around six pillars (Green transition; Digital transformation; Smart, sustainable and inclusive growth; Social & territorial cohesion; Health, and economic, social and institutional resilience; Policies for next generation), it aims at mitigating both the economic and social impact of the COVID-19 pandemic.	Austria: https://www.bundestkanzleramt.gv.at/eu-aufbauplan/kontakt.html Belgium: https://nextgenbelgium.be/ Slovenia: https://www.gov.si/zbirke/projekti-in-programi/nacrt-za-okrevanje-in-odpornost	National RRP already approved. Eventual funding opportunities are country specific. ^{28,29,31}	Technical Support Instrument (TSI)	https://commission.europa.eu/business-economy-euro/economic-recovery/recovery-and-resilience-facility_en
Cohesion Policy Funds³²					
European Regional Development Fund (ERDF)	The ERDF's primary objective is to fund projects aimed at correcting regional imbalances across the Union. Particularly regions that are experiencing specific social, economic or demographic challenges can receive financial support to reduce disparities with other European regions. For the 2021–2027 period, funding opportunities are focused primarily on the Smarter and Greener Europe overarching policy objectives of the Union's Cohesion Policy. The ERDF has traditionally funded numerous health infrastructure projects, including modernisation projects and the roll-out of new digital infrastructure, which have been particularly beneficial to some of the newer EU Member States.	Austria: https://2014-2020.efre.gv.at/ueber_uns/kontakt Belgium: https://be.brussels/about-the-region/international-brussels/erdf-getting-assistance-from-the-european-union Slovenia: https://www.gov.si/en/state-authorities/bodies-within-ministries/recovery-and-resilience-of-fice/	Member State specific. Refer to the managing authority of the concerned region. ^{34,35}	Incl. in Cohesion Policy package (Cohesion Fund; ERDF; ESF; JTF; PSLF)	https://ec.europa.eu/regional_policy/funding/erdf_en

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Cohesion Policy Funds ³²								
European Social Fund Plus (ESF+)	DG EMPL	Social development and cohesion policies	Research & Training	Health workforce	Funding (Grants)	Shared (and direct) management ^{26,37}	Cooperation between regions and countries is not required, but possible	EUR 99.3 billion (including: EUR 393.6 million for AT; EUR 1.3 billion for BE; EUR 665 million for SI) ^{36–38}

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Cohesion Policy Funds³²					
European Social Fund Plus (ESF+)	The ESF+ finances the implementation of the European Pillar for Social Rights through actions in the areas of employment, education and skills, and social inclusion. The ESF+ is primarily for supporting job maintenance, but additional resources may be used to support job creation, youth employment measures, skills development and enhancement of population's access to social services of general interest. For the 2021–2027 period, funding opportunities are focused primarily on the first two overarching policy objectives of the Union's Cohesion Policy (see Cohesion Policy Funds for further details).	General contact: EMPL-ESF-GRANTS@ec.europa.eu Austria: https://www.esf.at/kontakt/ Belgium: Brussels https://www.clerfayt.brussels/fr/nous-contacter/ / Flanders Flemish Government Department Work and Social Economy (Veerle Moens, programme manager; veerle.moens@wse.vlaanderen.be) https://www.europeinbelgium.be/en/flanders-esf/ / Wallonia Brussels communication@fse.b Slovenia: https://evropskasredstva.si/2021-2027/	Member State specific. Refer to the managing authority of the concerned region. ^{39–41}	Incl. in Cohesion Policy package (Cohesion Fund; ERDF; ESF; JTF; PSLF)	https://ec.europa.eu/european-social-fund-plus/en

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Cohesion Policy Funds ³²								
Just Transition Mechanism	DG REGIO	Just transition and climate policy	Research & Training; Infrastructure & Climate; Digital	Service delivery; Health workforce; Medical products, vaccines & technologies	Funding Grants ⁴²	Shared management ^{42,43}	Specific conditions are call and country specific ⁴²⁻⁴⁷	EUR 19.2 billion ⁴²⁻⁴⁷
	DG EMPL							
Just Transition Fund	CINEA							

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Cohesion Policy Funds³²					
Just Transition Mechanism	The Just Transition Fund (JTF) serves as the first pillar of the Just Transition Mechanism (JTM) and is a crucial tool for supporting territories most affected by the transition towards climate neutrality. Implemented under the shared management within the Cohesion Policy framework, the JTF aims to reduce regional disparities and address structural changes in the EU. The fund assists in alleviating socioeconomic costs triggered by climate transition, supporting economic diversification and reconversion in affected territories. It focuses on investments in SMEs, research, innovation, environmental rehabilitation, clean energy, worker upskilling and reskilling, job-search assistance, active inclusion programmes, and the transformation of carbon-intensive installations leading to significant emission reductions and job protection.	Contact person in EU: regio-a2-communication@ec.europa.eu	Member State specific. ⁴²⁻⁴⁷	RRF, ESF+, ERDF, Horizon Europe	https://ec.europa.eu/regional_policy/funding/just-transition-fund_en
Just Transition Fund		Austria: https://www.oerok.gv.at/eu-fonds-2021-2027/jtf Slovenia: https://evropskasredstva.si/sklad-za-pravicni-prehod-spp/			https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/european-green-deal/finance-and-green-deal/just-transition-mechanism/just-transition-funding-sources_en https://www.oerok.gv.at/eu-fonds-2021-2027/jtf

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Cohesion Policy Funds ³²								
Just Transition Mechanism	DG REGIO CINEA	Just transition and climate policy	Infrastructure & Climate; Digital	Service delivery; Medical products, vaccines & technologies; health workforce	Funding (Grants, loans) ⁴⁸	Direct management	Applicants apply independently but may participate with affiliated entities or association partners ⁴⁸⁻⁵⁰	EUR 1.5 billion in grants + up to EUR 10 billion in loans (provided by the EIB) ⁴⁸
Public Sector Loan Facility (PSLF)								
Horizon Europe	DG RTD HaDEA	Research & Innovation	Research & Training; Digital	Service delivery; Health workforce; Medical products, vaccines & technologies;	Framework programme; Funding (Grants, Prizes, Public procurement, Member/Observer contributions) ⁵¹⁻⁵⁷	Direct (and indirect) management ^{26,56}	Most calls for proposals should be submitted as a team of at least three partner organisations from three different EU or associated countries ^{54,55}	EUR 95.5 billion ^{52,53}

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Cohesion Policy Funds³²					
Just Transition Mechanism Public Sector Loan Facility (PSLF)	The Public Sector Loan Facility represents the third pillar of the Just Transition Mechanism, aimed at mobilising between EUR 25 billion and EUR 30 billion in public investments for the development needs of Just Transition territories. Exclusively targeting public entities, this instrument supports projects that cannot generate sufficient revenue for commercial financing. Potential projects include investments in public infrastructures across energy, transport, district heating networks, energy efficiency measures, building renovations and social infrastructure. However, the facility excludes support for fossil fuel-related investments.	https://european-union.europa.eu/contact-eu/write-us_en Phone: 00 800 6 7 8 9 10 11	Deadlines dates: 20 Sep 2023; 17 Jan 2024; 17 Apr 2024; 19 Sep 2024; 16 Jan 2025; 15 Apr 2025; 11 Sep 2025 ⁵⁰	TSI; InvestEU Advisory hub	https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1935 https://pact-for-skills.ec.europa.eu/stakeholders-and-business/funding-opportunities/public-sector-loan-facility-call-2022-2025_en
Horizon Europe	Horizon Europe is the EU's research and innovation programme. It is organised across three pillars (Excellence science; Global challenges & European industrial competitiveness; and Innovative Europe) and guided by five cross-cutting mission areas (Adaptation to climate change, including societal transformation; Fighting cancer; Healthy oceans, seas, coastal and inland waters; Climate-neutral and smart cities; and Soil health and food).	Austria: http://tinyurl.com/bdfy3h99 Belgium: http://tinyurl.com/3un6jnbw Slovenia: http://tinyurl.com/ywzx3572	Calls for proposals can be found on the EU Funding & Tenders portal ⁵⁷ . Online application form. Scope and deadlines are call specific. ^{54,55}	Common Agricultural Policy (CAP); Connecting Europe Facility (CEF); InvestEU; EU4Health; ERDF; ESF+; Digital Europe; ERASMUS+; Recovery and Resilience Facility (RFF)	https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe_en

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
European agricultural fund for rural development (EAFRD)	DG AGRI	Common Agricultural Policy	Infrastructure & Climate	Service delivery; Medical products, vaccines & technologies	Funding (grants, equity, loans, guarantees) ⁵⁸⁻⁶⁰	Shared management ⁵⁹	Based on the rural development programmes, which may be prepared on either a national or regional basis ⁵⁸⁻⁶⁰	EUR 95.5 billion ⁵⁸⁻⁶⁰

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
European agricultural fund for rural development (EAFRD)	The European Agricultural Fund for Rural Development (EAFRD) is one of two cornerstone funds of the EU's Common Agricultural Policy (CAP) – the other being the Agricultural Guarantee Fund (AGF). Similar to the AGF and in combination with national funding, EAFRD is financing the national and regional rural development programmes (RDPs). Specific objectives may vary from one country to another but the overall goals of RDPs are to improve agricultural competitiveness, promote sustainable natural resource management and climate action, and achieve balanced territorial development in rural economies and communities. While the AGF is primarily used to offer income support to farmers and implement measures that stabilise agricultural markets, the EAFRD has a broader application to ensure the balanced and sustainable development of European territories. The EAFRD offers investment support to rural enterprises and projects through financial instruments like loans, guarantees, or equity, with details available on the online advisory platform.	Austria: https://ec.europa.eu/enrd/country/austria_en.html Slovenia: https://ec.europa.eu/enrd/country/slovenia_en.html Belgium: https://ec.europa.eu/enrd/country/belgium_en.html	Calls for proposals can be found on the EU Funding & Tenders portal ⁵⁷ . Scope and deadlines are call specific. ⁵⁸⁻⁶⁰		https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/european-agricultural-fund-rural-development-eafrd_en

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
InvestEU	DG ECFIN EIB	Economic and financial policy	Research & Training; Infrastructure & Climate; Digital	Service delivery; Health workforce; Information; Medical Products, Vaccines & Technologies	Funding (Public–private investment loans, equity and guarantee); Advisory services (project advisory, capacity building, market development) ^{61–63}	Indirect (and direct) management ^{26,61}	Two or more member states may enter into a joint contribution agreement with the Commission, but not necessary to apply ^{61–63}	EUR 372 billions in investments for the 2021–2027 period (based on an EU budget guarantee of EUR 26.2 billion) EUR 400 000 for advisory support ^{61–63}

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
InvestEU	InvestEU Programme is an initiative designed to stimulate investment in recovery, sustainable growth, job creation and overall well-being across Europe. InvestEU comprises three main components: InvestEU Fund, InvestEU Advisory Hub and InvestEU Portal. The programme covers four key areas: sustainable infrastructure; research, innovation and digitalisation; support for small and medium-sized enterprises (SMEs); and social investment and skills development. The InvestEU Fund centralises 13 EU financial instruments, creating a single fund with a strong financial capacity and a coherent set of requirements for the benefit of beneficiaries and financial intermediaries. Implementing partners, such as the EIB Group, play a significant role in facilitating the guarantee available under the InvestEU Fund, ensuring efficiency and synergy across the programme	https://investeu.europa.eu/contact-us_en	Project initiators should reach out directly to implementing partners in order to explore appropriate financing options based on the financial instruments backed by the EU guarantee. ^{61–63}	EIB/ RRF, Cohesion Policy Funds (When a project uses EU grants and InvestEU, the InvestEU rules will apply for the entire project.)	https://investeu.europa.eu/index_en

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Erasmus+	DG EAC	Education and Training	Research & Training	Health workforce	Funding (grants) ^{64,65}	Indirect (and direct) management ^{66,67}	Projects should always have a European dimension. Minimum number of Member States to include may vary depending on the chosen programme ^{64,65}	EUR 26.2 billion ^{64,65}

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Erasmus+	Erasmus+ is the EU's programme supporting education, training and sport across Europe. The 2021–2027 programme emphasises social inclusion, green and digital transitions, and youth participation in democratic life. It aligns with the European Education Area, Digital Education Action Plan, European Skills Agenda, European Pillar of Social Rights, and the EU Youth Strategy 2019–2027 while fostering the European dimension in sport. Organisations participating in Erasmus+ can engage in professional development, capacity building and transnational cooperation to innovate and share best practices. They also facilitate learning mobility opportunities for various groups, including students, educators, and youth workers. Participating organisations benefit from enhanced international capabilities, improved management methods, access to funding and projects, and a more attractive range of opportunities for learners and staff.	https://erasmus-plus.ec.europa.eu/contacts/national-agencies	Detailed information on opportunities, scopes, deadlines and application can be found in the programme guide⁶⁵		https://erasmus-plus.ec.europa.eu/about-erasmus/what-is-erasmus https://erasmus-plus.ec.europa.eu/opportunities/opportunities-for-organisations https://erasmus-plus.ec.europa.eu/about-erasmus/how-to-take-part?pk_source=website&pk_medium=link&pk_campaign=hp&pk_content=hp-cta-takepart

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
European Investment Bank (EIB)	EIB Group	Economic and financial policy	Research & Training; Infrastructure & Climate; Digital	Service delivery; Information; Medical Products, Vaccines & Technologies;	Funding (Loans, Equity, Guarantees, Advisory services, Mandates and partnerships); Advisory support ⁶⁸⁻⁷⁰	Indirect management ⁶⁸⁻⁷⁰	EIB provides loans to individual countries, cities, regions, and projects rather than to multiple countries, but joint applications are possible ⁶⁸⁻⁷⁰	Starting at EUR 25 million ⁶⁸⁻⁷⁰

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
European Investment Bank (EIB)	The European Investment Bank (EIB) is EU's financing institution for projects that respond to the priorities and objectives of the EU. Its activities focus on the following priority areas: (a) Climate and environmental sustainability, including climate action; and environmental sustainability; (b) Innovation, digital and human capital, including digital economy; education and training; and health and life science; (c) Sustainable energy and natural resources, including agriculture; energy; forestry; solid waste; and water and wastewater; (d) Sustainable cities and regions, including transport; and urban development; (e) Small and medium-sized enterprises, including small and medium-sized enterprises and mid-caps; (f) Cohesion, including regional development and cohesion. The EIB supports projects across the EU in the scope of its priority areas. Its main objective is to stimulate funding and invest in bankable projects. The EIB never provides grants but can offer different types of financial support.	https://www.eib.org/en/infocentre/contact/index.htm	Detailed information on how to apply can be found on the EIB website 68–70	InvestEU	https://www.eib.org/en/index.htm

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Connecting Europe Facility (CEF)	DG ENER DG MOVE DG CNECT HaDEA (CEF Digital) CINEA (CEF Energy)	Energy, digital and transport policies	Infrastructure & Climate; Digital	Service Delivery; Information; Medical Products, Vaccines & Technologies	Funding (grants, loans, guarantees and high-risk funding) ^{71–75}	Direct and indirect management ⁷²	Applications can be put forward by a single EU Member State, or in collaboration with other Member States ^{71–75}	EUR 33.71 billion including EUR 5.84 billion for CEF energy; and EUR 2.07 billion for CEF digital

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Connecting Europe Facility (CEF)	The Connecting Europe Facility (CEF) is an EU instrument dedicated to funding infrastructure projects with a focus on transport, energy and digital services and a priority on fostering synergies between these focuses. Structured around these three fields, two may be of particular interest for health systems: (a) CEF Digital, implemented by the European Health and Digital Executive Agency (HaDEA); (b) CEF Energy, implemented by the European Climate, Infrastructure and Environment Executive Agency (CINEA). The overall goal of CEF is to promote growth, jobs and competitiveness, using targeted infrastructure investment. CEF Energy seeks to contribute to the European transition towards clean energy and to support the Energy Union that aims for more interconnected, smarter and digitalised EU energy systems. CEF Digital aims to stimulate public and private investments in digital connectivity infrastructures that hold common European interest.	Austria: Ministry of Finance (Fjodor Guetermann, Deputy Head of Department, fjodor.guetermann@bmf.gv.at / breitbandbuero@bmf.gv.at) Belgium: Division Telecommunications and Information Society, Directorate-General for Economic Regulation, FPS Economy, SMEs, Self-employed and Energy General (CEF@economie.fgov.be); Digital Transformation Office, FPS Policy & Support (Frank Leyman, Head International Relations, frank.leyman@bosa.fgov.be) Slovenia: Ministry of Digital Transformation (Ksenja Podpečan, Ksenja.Podpecan@gov.si)	Calls for proposals for CEF Digital can be found on the HaDEA platform⁷⁶		https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/connecting-europe-facility_en

Table 8 EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
Digital Europe	DG CNECT HaDEA	Digital policy	Digital	Service delivery; Health workforce; Information; Medical Products, Vaccines & Technologies;	Funding (grants) ⁷⁷⁻⁷⁹	Direct and indirect management	The application can be submitted in cooperation with partners as well as independently ⁷⁷⁻⁷⁹	EUR 7.5 billion ⁷⁷⁻⁷⁹

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
Digital Europe	Digital Europe is a new EU programme which complements the available funding from other EU programmes (for example, Horizon Europe, CEF Digital, RRF) in the domain of digital policy. Digital Europe is co-managed by the Health and Digital Executive Agency (HaDEA) in the European Commission with a focus on enhancing advanced digital skills, accelerating the best use of technologies, and developing Cloud infrastructure, Data, and Artificial Intelligence. Digital Europe aims at enhancing digital technologies development and contribute to their wider use by both public and private entities, as well as individuals. Digital Europe broadly supports projects in five key areas: Supercomputing; Artificial intelligence; Cybersecurity; Advanced digital skills; Ensuring the wide use digital technologies across the economy and society.		Call for proposals can be found on the EU Funding & Tenders portal⁵⁷.	Combination with EU operating grants is possible (for example, EU4Health, Horizon Europe, CEF, RRF), but items must be clearly separated in the accounting	https://digital-strategy.ec.europa.eu/en/activities/digital-programme

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
LIFE programme	DG ENV CINEA	Climate policy	Research & Training; Infrastructure & Climate; Digital	Service delivery; Health workforce; Medical products, vaccines & technologies;	Funding (Grants) ^{80,81}	Direct (and indirect) management ⁸²	Applications can be submitted with partners from one country or multiple countries ⁸⁰⁻⁸⁴	EUR 5.4 billion ⁸⁰⁻⁸⁴

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
LIFE programme	The LIFE Programme is the European Union's funding instrument dedicated to environmental and climate action. Its primary goal is to support the development, implementation and dissemination of innovative and effective environment and climate change policies and technologies. The LIFE Programme provides financial support for projects in the areas of environment, nature conservation, climate action and resource efficiency, with the aim of contributing to sustainable development and the achievement of the EU's environmental and climate objectives.	https://cinea.ec.europa.eu/programmes/life/history-life/life-contacts_en Registration link: https://eu-life-info-days-2023.b2match.io/	Calls for proposals can be found on the CINEA platform ⁸⁵		https://cinea.ec.europa.eu/programmes/life_en

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	DG and/or Executive agency responsible	Policy Area	Area of support (Research & Training; Infrastructure & Climate; Digital)	WHO Health System Building Blocks ²² supported	Type of support (Funding, technical support and/or other)	Type of management (Direct, indirect, and/or shared)	Single vs. multi-country projects	Budget size
EU4 Health	DG SANTE HaDEA	Health policy	Research & Training, Digital	Service delivery; Health Workforce; Information; Medical products, vaccines & technologies	Funding (grants) ⁸⁶⁻⁸⁸	Direct and indirect management ⁸⁷	Projects should always have a European dimension ⁸⁶⁻⁸⁸	EUR 5.3 billion ⁸⁶⁻⁸⁸

Table 8 **EU instruments of interest for the pilot cases of Austria, Belgium and/or Slovenia (continued)**

Instrument	Short description	Contact	Where and when to apply?	Synergies	Website(s)
EU4Health	The EU4Health programme is the fourth iteration of the EU's Health programme, which underwent a large budgetary increase in response to the COVID-19 pandemic to tackle health systems challenges and reinforce EU crisis preparedness. Based on a long-term vision, EU4Health complements Member States' policies and is implemented through annual work programmes. EU4Health seeks to contribute to building stronger, more resilient and more accessible health systems across the EU. To this end, the programme has 10 specific objectives that can be summarised in four priority areas: Improve and foster health in the Union; Protect people from serious cross-border health threats; Improve access to medicinal products, medical devices and crisis-relevant products; strengthen health systems.	https://hadea.ec.europa.eu/programmes/eu4health/national-focal-points_en	Calls for proposals for can be found on the HaDEA platform ⁷⁶ Calls for tenders can be found on the EU eTendering platform ⁸⁹	ESF+; ERDF; Horizon Europe; Digital Europe; CEF Digital; InvestEU; RRF; Erasmus+	https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en