



European  
**Observatory**   
on Health Systems and Policies  
a partnership hosted by WHO

# Leveraging EU funds for health system transformation

## *Workshop on the Health Investment Hub*

**Dimitra Panteli & Nicole Mauer**

**ITALY, Rome, 19. November 2025**

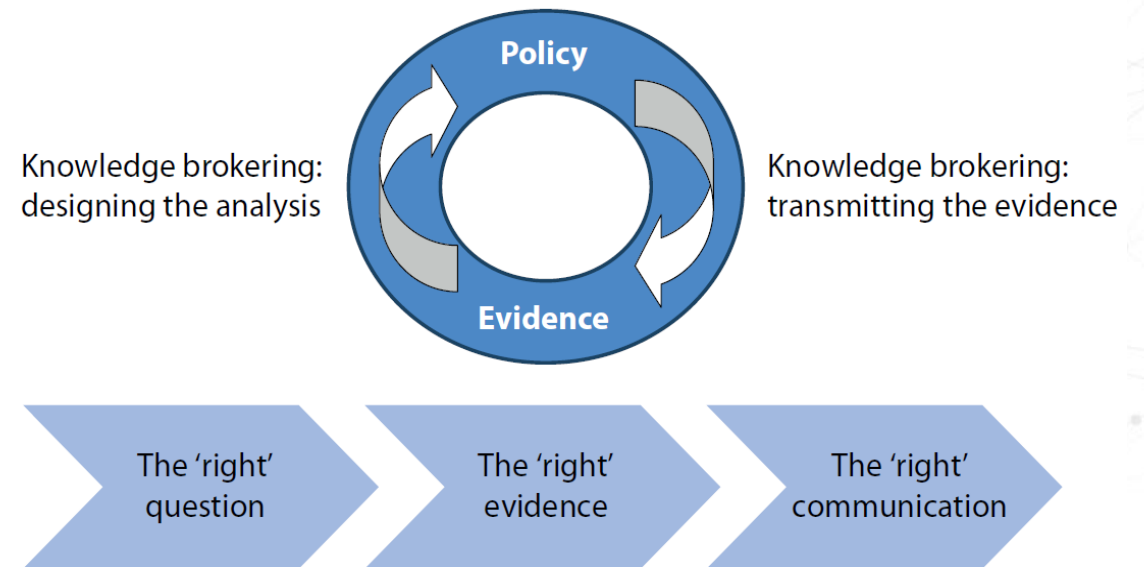
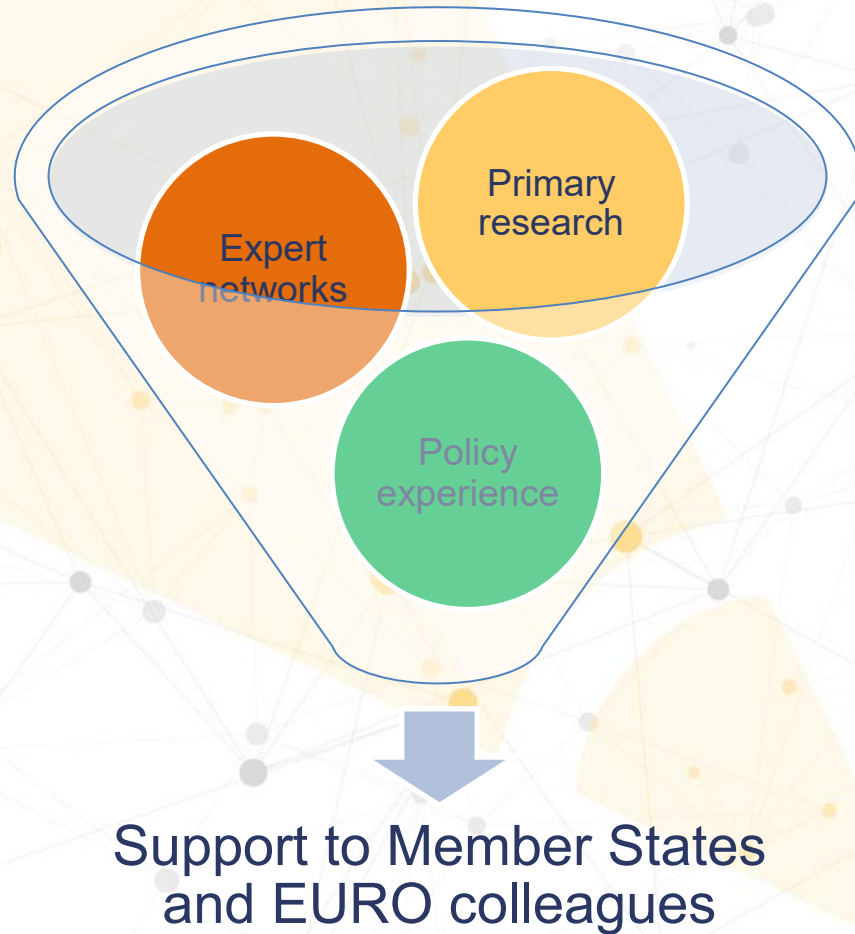
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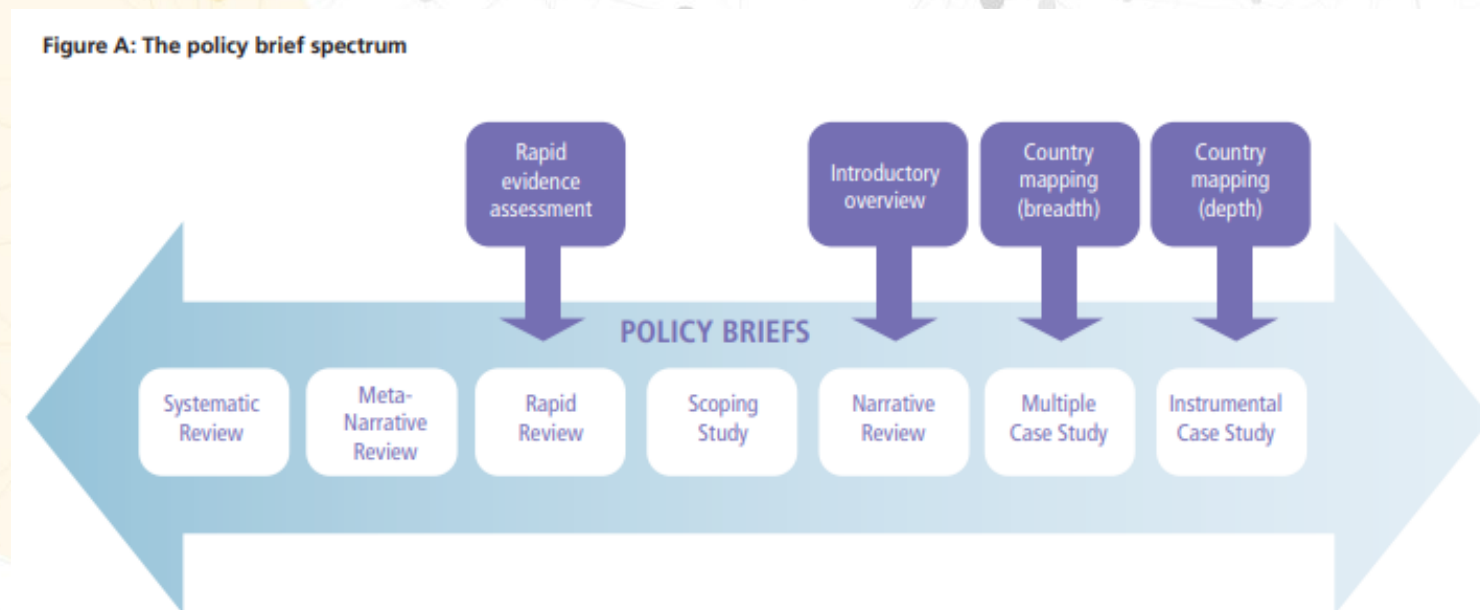
# The Observatory is...

1. A WHO hosted partnership building bridges between policy makers and research and across countries
2. A collection of Member States, EU, decision makers, academics & health system actors who are **focused on generating and communicating evidence for policy**
3. A project that delivers for countries through its **4 functions**:
  - **Country monitoring**
  - **Policy analysis**
  - **Health systems performance assessment and**
  - **Knowledge brokering**
4. A resource for **planners, policy and decision makers**

# The OBS model of supporting decision makers and tailoring evidence outputs



# The policy brief spectrum:

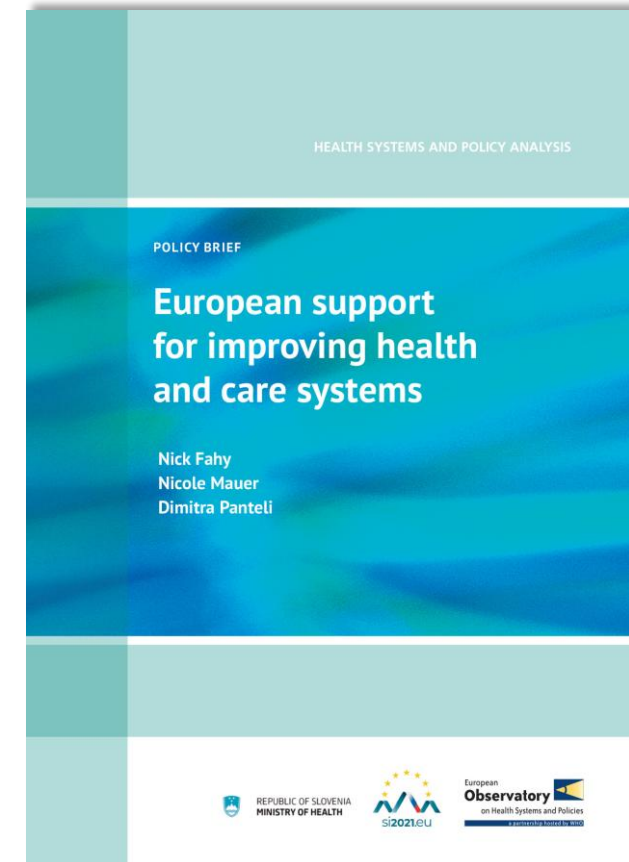


## Tailoring approaches to different policy issues

# Policy Brief: How can we capitalise on EU tools?

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- 2021 Slovenian Presidency: mapping of European Union support for improving health and care systems
- Though health systems are primarily the responsibility of Member States, the EU provides an increasingly shared context
- A wide range of EU tools related to health systems have grown up over time
  - Not always clear what is available and how to access
  - How can these tools be combined effectively?



# European support along the process of change

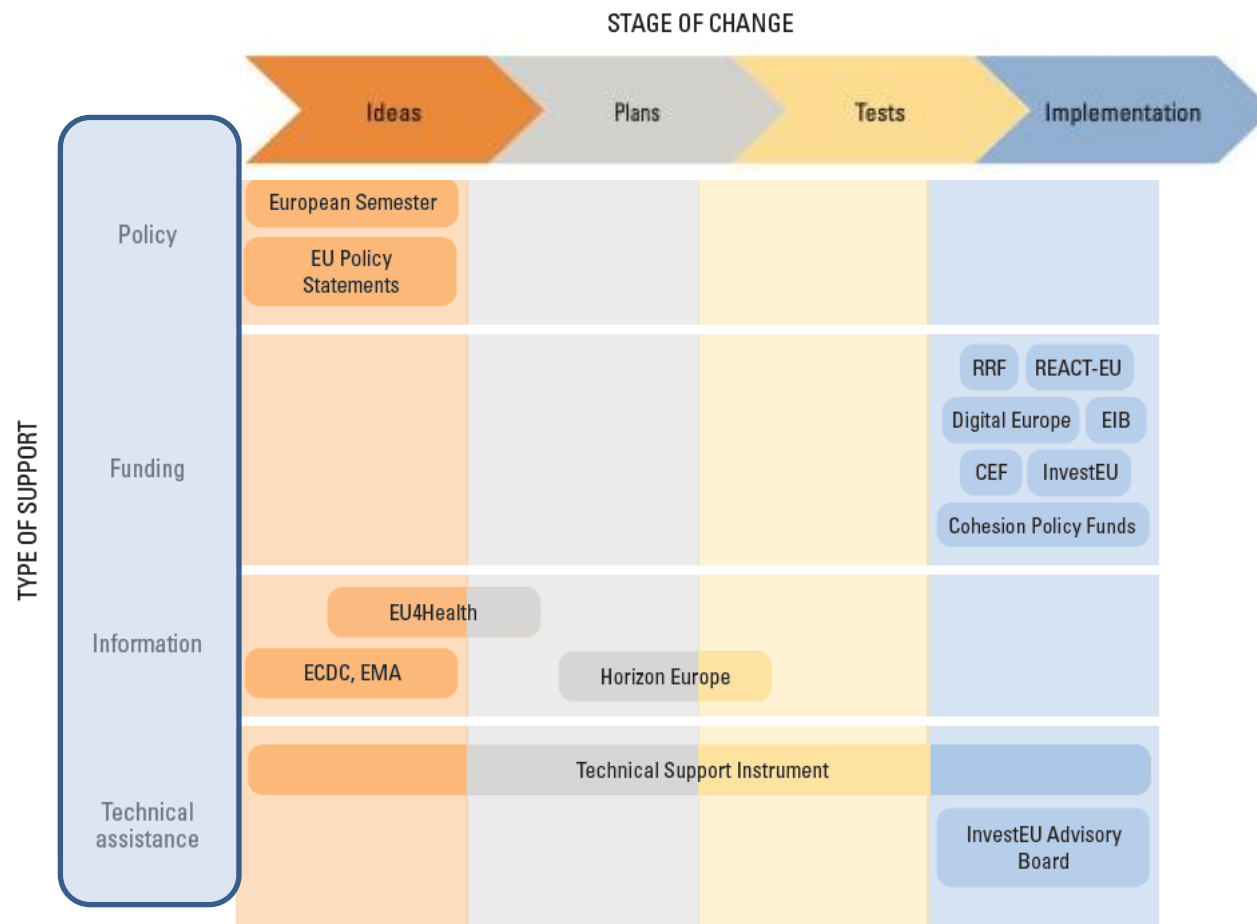
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- Ideas
  - What are the overall policy aims?
  - Good practice elsewhere?
- Plans
  - Detailed options for implementation
  - Who and how: Stakeholders, financing, evaluation
- Tests
  - Pilots, small-scale tests
- Implementation
  - Large-scale system change in practice



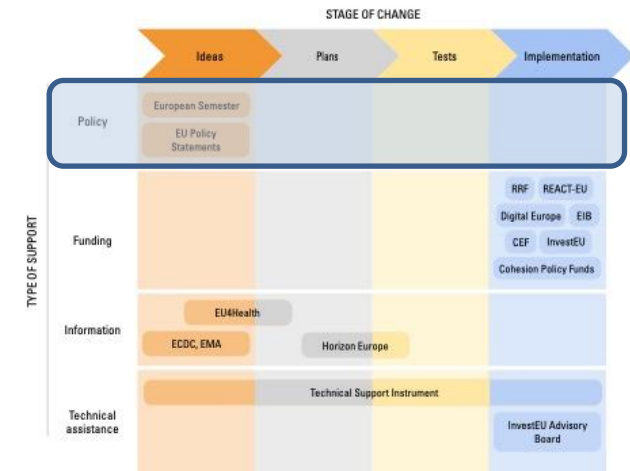
# Many instruments, different uses and objectives

- Which types of support does the EU provide?
- Which stage can each instrument help with?



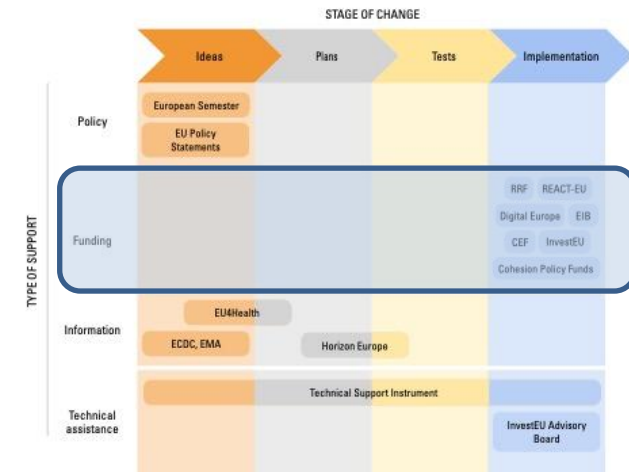
# Policy: Providing direction

- Country-specific recommendations within the European Semester
  - Recommendations for health systems have become central
  - Linkage to Recovery and Resilience Facility
- EU policy statements for coordinated health action
  - Commission Communications
  - European Health Union
  - Council Recommendations and Conclusions



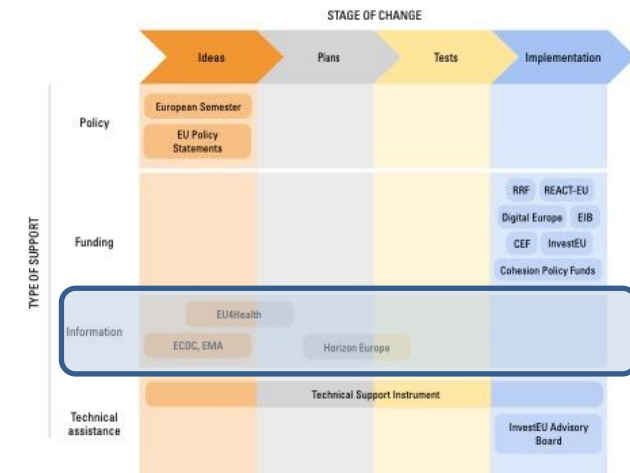
# Funding: New infrastructure for health systems

- Cohesion funds
  - Infrastructure (including technology and medical equipment), skills and training, health promotion
- European Investment Bank
  - Low-cost loans
  - Large infrastructure (hospitals), but also Primary Health Care (e.g.: Austria, Ireland)
- Recovery and Resilience Facility
  - Temporary additional boost to recovery after Covid
  - Health is one of six priority pillars
  - Use shaped by national plans, several incorporating health (e.g.: Germany, Italy, France, Austria)



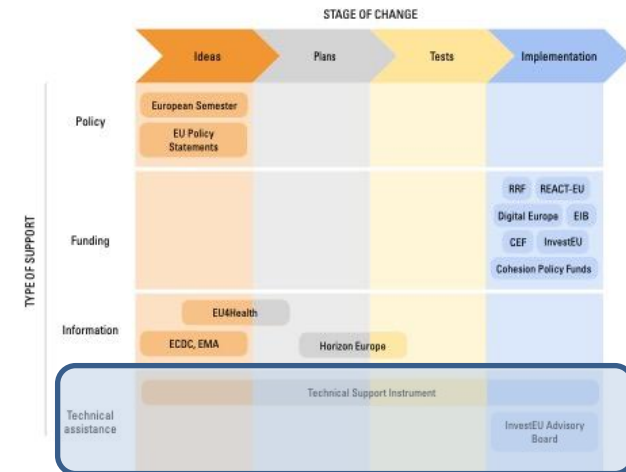
# Information: Evidence for action

- EU4Health
  - Widest range of health-relevant activities
  - Cross-country evidence, best practices, cooperation, models for implementation, expert advice
- Horizon Europe
  - Focus on technological innovation
  - Emerging research on health systems
- EU agencies
  - ECDC, EMA
  - Expert advice and scientific evidence

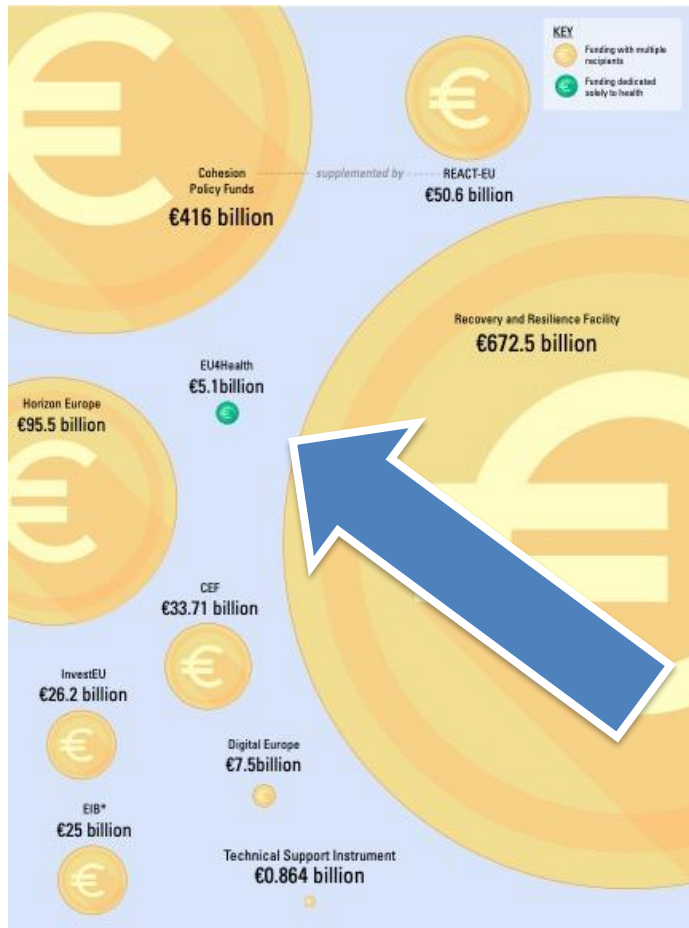


# Technical assistance: Adapting to the national context

- Technical Support Instrument
  - Expert support across all stages of change
  - Potential to implement country-specific recommendations from European Semester, Recovery and Resilience Facility
- InvestEU Advisory Hub
  - Technical assistance to plan, develop and implement investment projects drawing on EU funds



# Maximising EU support requires combining tools



The EU has many instruments that can potentially support health systems

- Challenge of aligning different objectives with the needs of health systems
- Different health systems have different needs and interests in having EU support
- There is scope for making process of identifying and combining tools easier to navigate for policy-makers

Comparative size of different EU funding tools

- EU4Health is the only tool dedicated exclusively to health



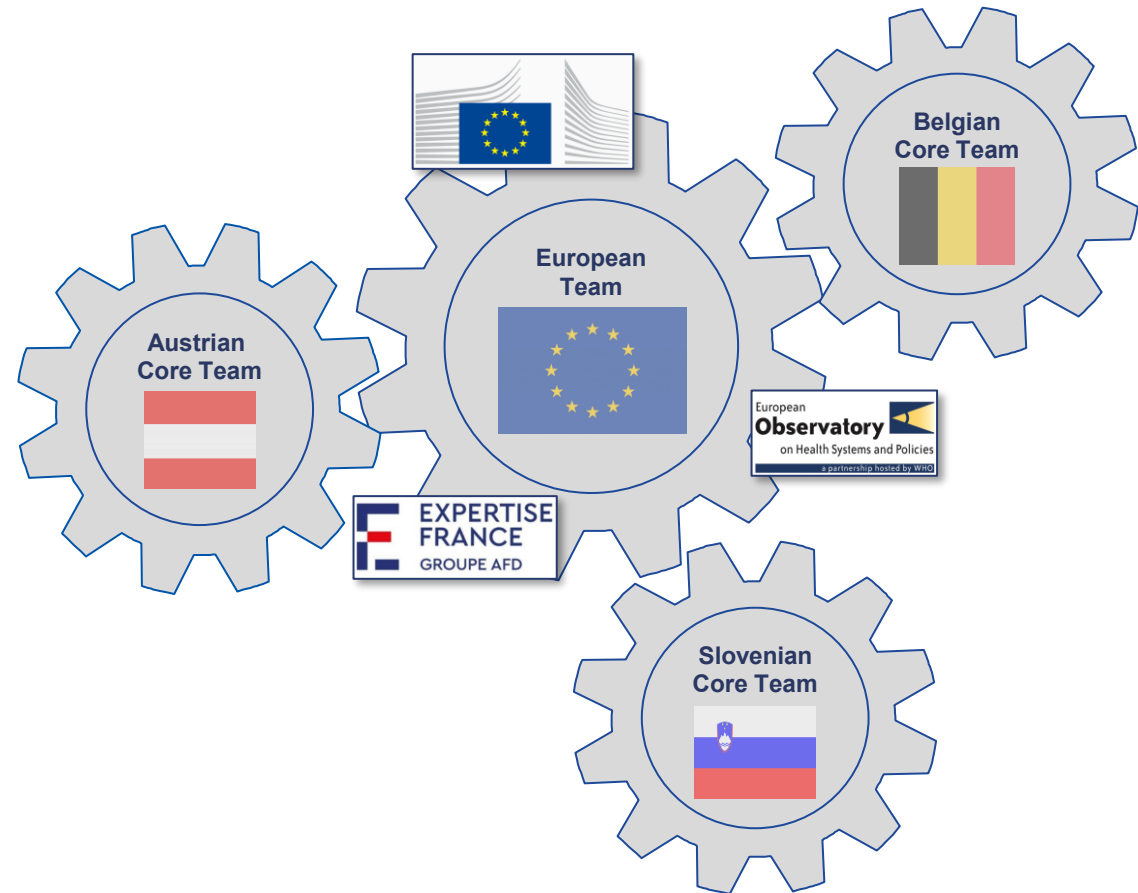
# TSI 2022 – 2024: Resources hub for sustainable investment in health

## A multistakeholder project with two workstreams

**Work stream 1: Making the case for public investment in health**

**Work stream 2: ‘One-stop-shop’ EU Health Resources Hub**

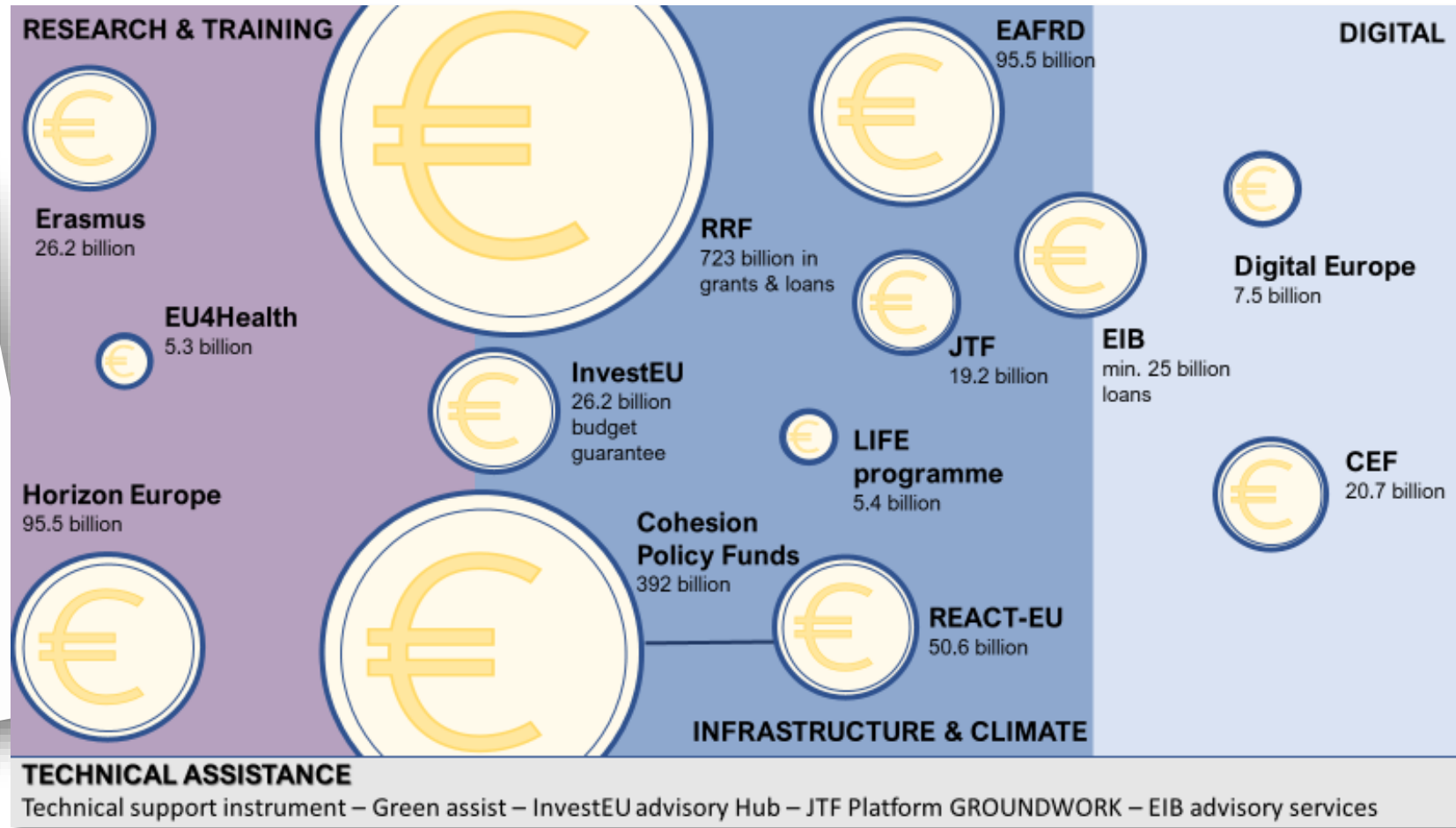
- Austria: Greening health care facilities
- Belgium: Implementing population health management for integrated care
- Slovenia: Strengthening primary health care through a telephone triage system



Adapted from Knoll & Fornaroli, 2024



# WS 2: EU resources for investing in and strengthening health systems



EU resources for investing in and strengthening health systems  
Tailored options for Austria, Belgium and Slovenia





# Different types of management, different rules

Instrument	DG and/or Executive agency responsible	Area of support ( <i>Research &amp; Training; Infrastructure &amp; Climate; Digital</i> )	Type of support ( <i>Funding, technical support and/or other</i> )	Type of management ( <i>Direct, indirect, and/or share</i> )	Single vs. multi-country projects	Budget size	Where and when to apply?
<b>Recovery and Resilience Facility (RRF) (28–31)</b>	DG ECFIN RECOVER	Research & Training; Infrastructure & Climate; Digital	Funding ( <i>Loans, Guarantees, Quasi-equity and/or direct equity</i> )	Direct and indirect management	There is no obligation to include cross border projects	EUR 723.82 billion	National RRP already approved. Eventual funding opportunities are country specific.
<b>Cohesion Policy Funds (32)</b>							
<b>European Regional Development Fund (ERDF) (33,34)</b>	DG REGIO	Infrastructure and climate; Digital	Funding ( <i>Grants, Loans, Microcredit, Guarantees, Equity</i> )	Shared management	Cooperation between regions and countries is not required, but possible	EUR 200 billion including: EUR 537 million for AT; EUR 1.15 billion for BE; EUR 1.54 billion for SI	Member State specific. Refer to the managing authority of the concerned region.

# Austria's pilot case: Greening health care facilities

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## The Austrian health system generates 7% of the national CO2 footprint

- New Competence Centre for Climate and Health within Austrian Public Health institute, *Gesundheit Österreich* (GOEG).
- In 2022, the Competence Centre launched the pilot project ***Beratung klimafreundliche Gesundheitseinrichtungen*** [Consulting for climate-friendly health care facilities].
- Project supports health care facilities across Austria with identifying, planning and implementing initiatives to move towards climate neutrality in coming years
  - Development of a tailored action plan for each participating facility



# Austria's pilot case: Greening health care facilities

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## Areas of intervention

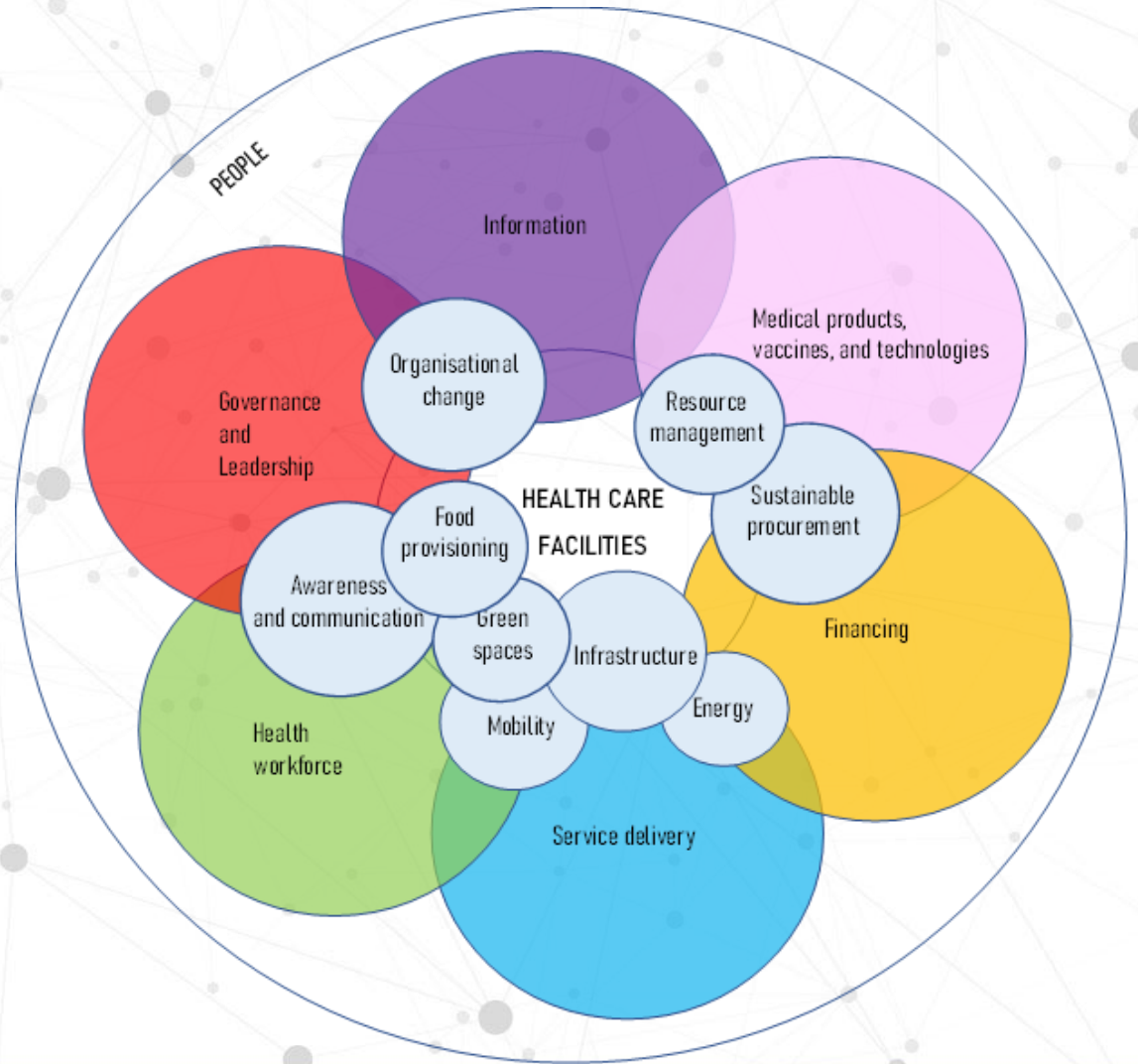
- Infrastructure (*Renewing buildings*)
- Energy (*Enhancing energy efficiency and potentiating use of renewables*)
- Green spaces (*Creating more green spaces*)
- Mobility (*Expanding availability and use of greener transport modalities*)
- Resource and waste management (*Improving the use and management of resources*)
- Sustainable procurement (*Redesigning procurement practices*)
- Food provisioning (*changing what is on offer and optimising food waste management*)
- Awareness raising and communication (*raising awareness among staff*)
- Organisational integration of climate change mitigation measures (*integrating environmental management approaches*)

Targeted areas of intervention were clustered into two categories that could benefit from EU funding:

- Cluster 1: Infrastructure, energy, and green spaces
- Cluster 2: Awareness, communication, and organisational integration of climate change mitigation

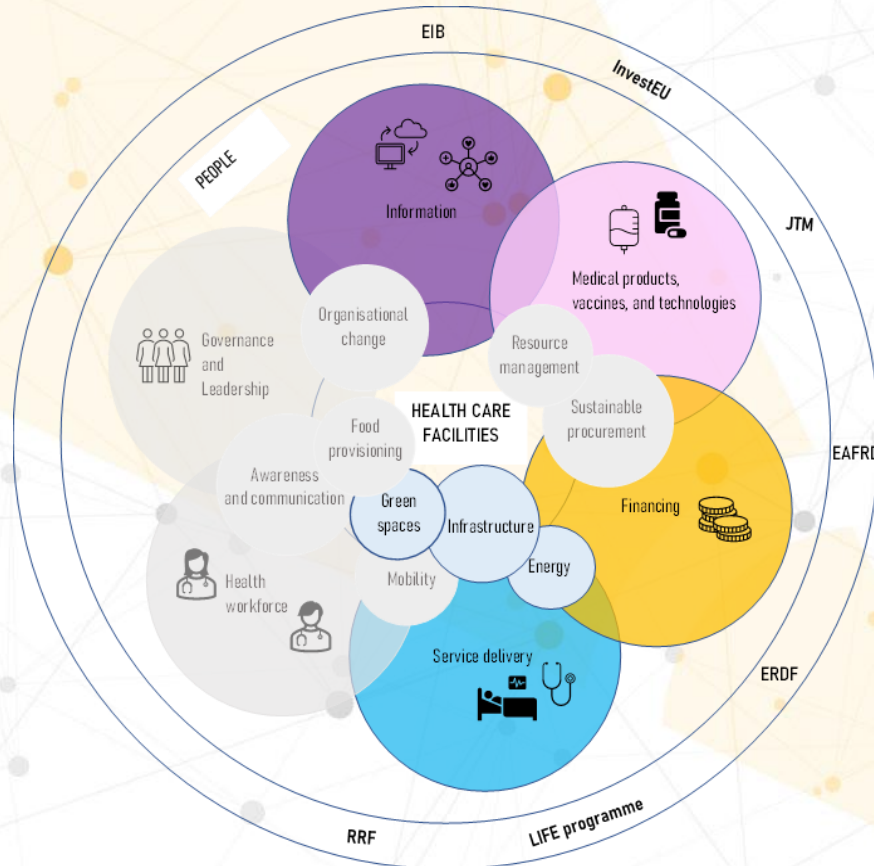


# Austria's framework: Mapping instruments by building block & area of intervention

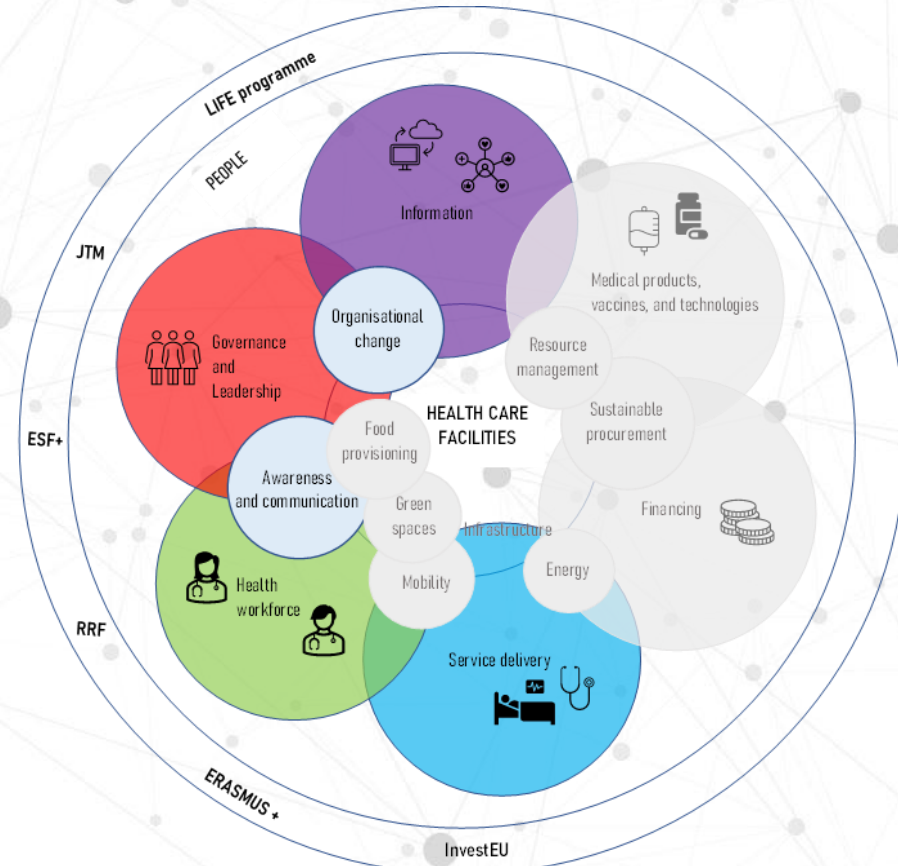


# Austria's tailored mapping: Greening health care facilities

## 1 Infrastructure, energy, and green spaces



## 2 Awareness, communication, and organisational integration



# Austria's tailored mapping: Overview of relevant instruments

- Infrastructure and energy projects complemented by initiatives for organisational change
- Multiple instruments are relevant for both clusters
- Funding may be blended with advisory support or other types of financial services, provided appropriate synergies are established; double financing to be avoided
- For instruments under shared management, funding earmarked for specific outputs - opportunities for support can be explored with the competent managing authorities

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 portal (52)	To improve the physical spaces, infrastructure, and energy characteristics of healthcare 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 healthcare 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 healthcare 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 healthcare facilities (Cluster 1)
InvestEU	Indirect and direct management	Multi-country possible but not mandatory	Project initiators should reach out directly to implementation 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 healthcare facilities (Cluster 1) To support training, awareness raising and organisational integration (Cluster 2)
Erasmus+	Indirect and direct management	Multi-country	Detailed information on opportunities scopes, deadlines and application can be found in the programme guide (60)	To support training, awareness raising and organisational integration (Cluster 2)
ESF+	Direct, indirect, and shared management	Multi-country possible but not mandatory	Application to be submitted at the national level	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)

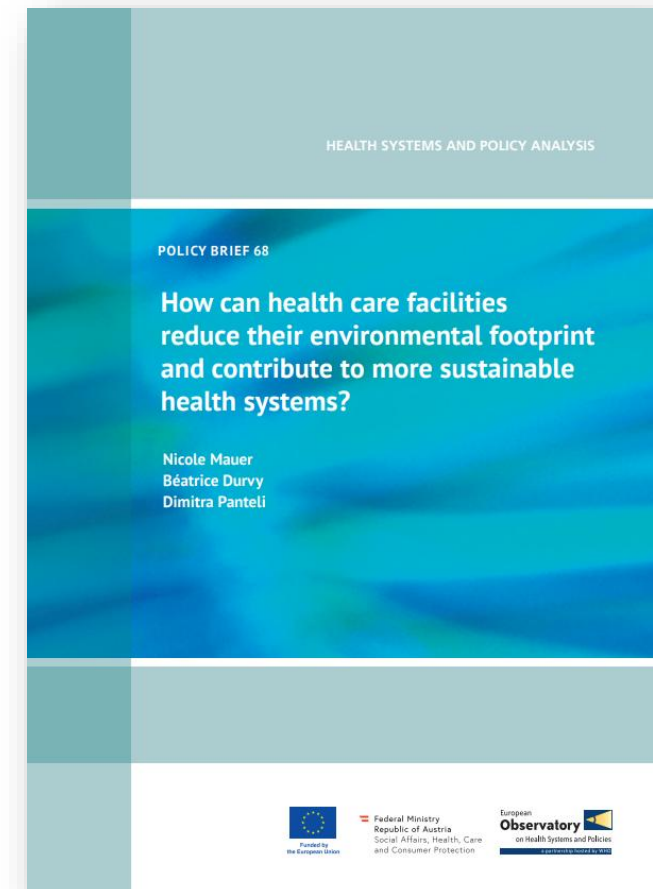
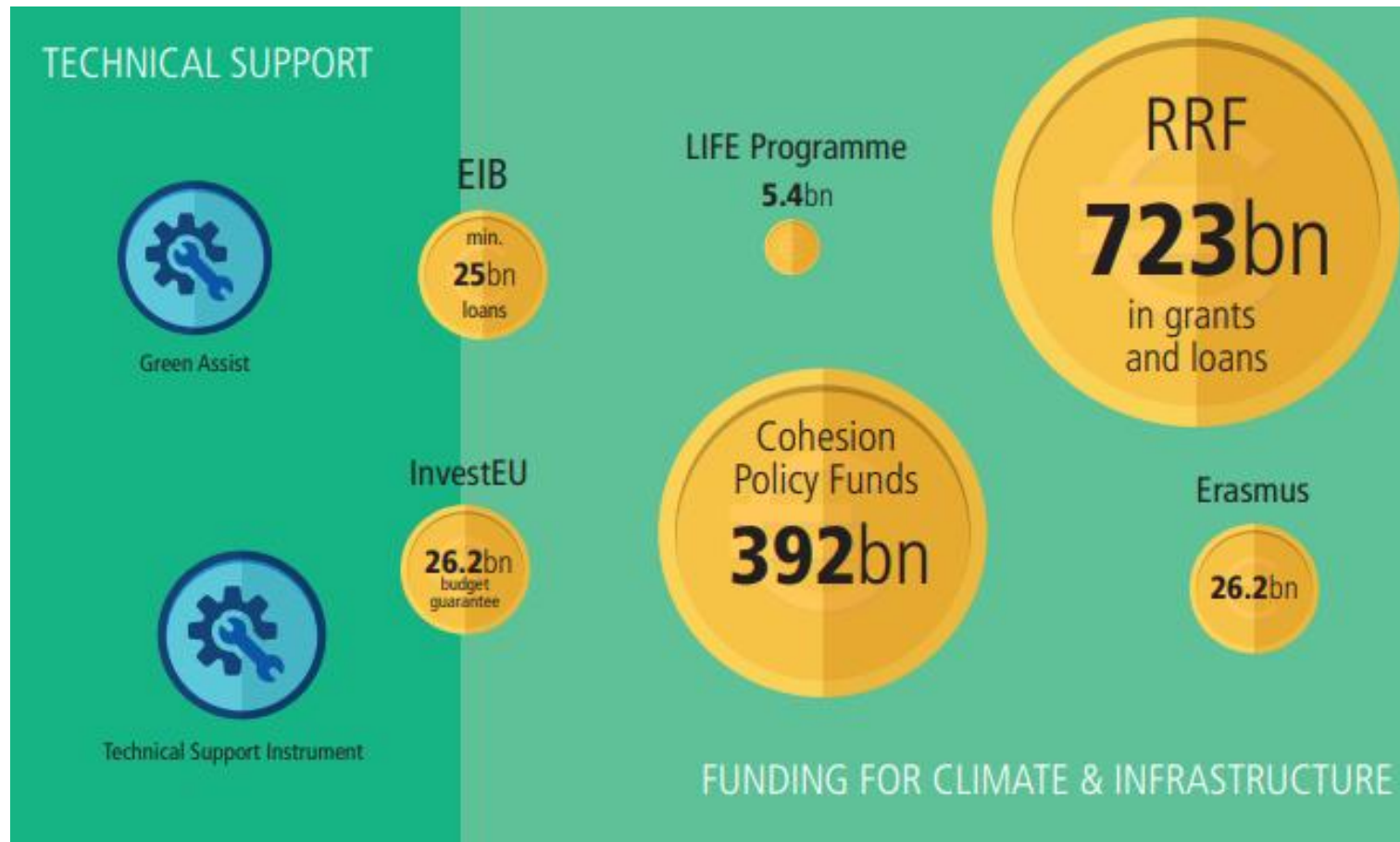


# Bringing stakeholders together, building the foundations for the future

Fig. 1 Structure of the stakeholders in the Austrian pilot case of the Technical Support Instrument project



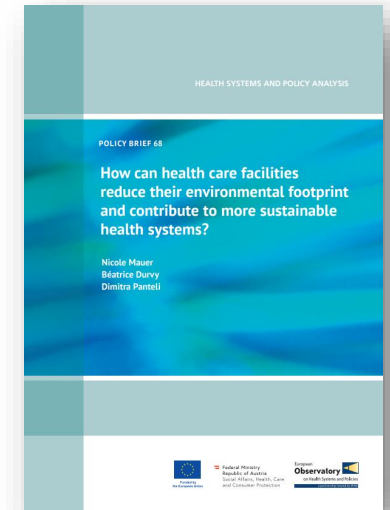
# EU instruments relevant for Austria's greening needs



# Austrian hospital carriers target the LIFE programme

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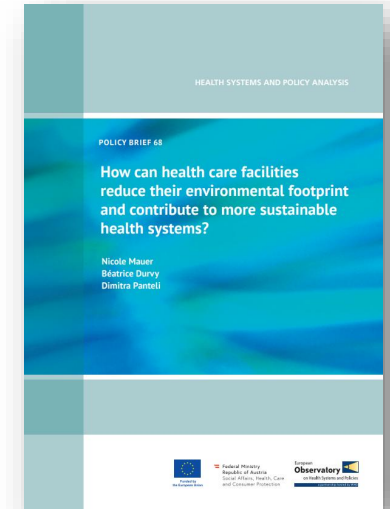
- Tirol Kliniken: Health Education Getting Green
  - Renovation and refurbishment of hospital facilities + green skills training programme
- KAGes: Psychiatric Ward Bruck an der Mur,
  - New wood-hybrid construction, geothermal plant, heat pump, roof garden and surrounding gardens



# Austrian hospital carriers target the LIFE programme

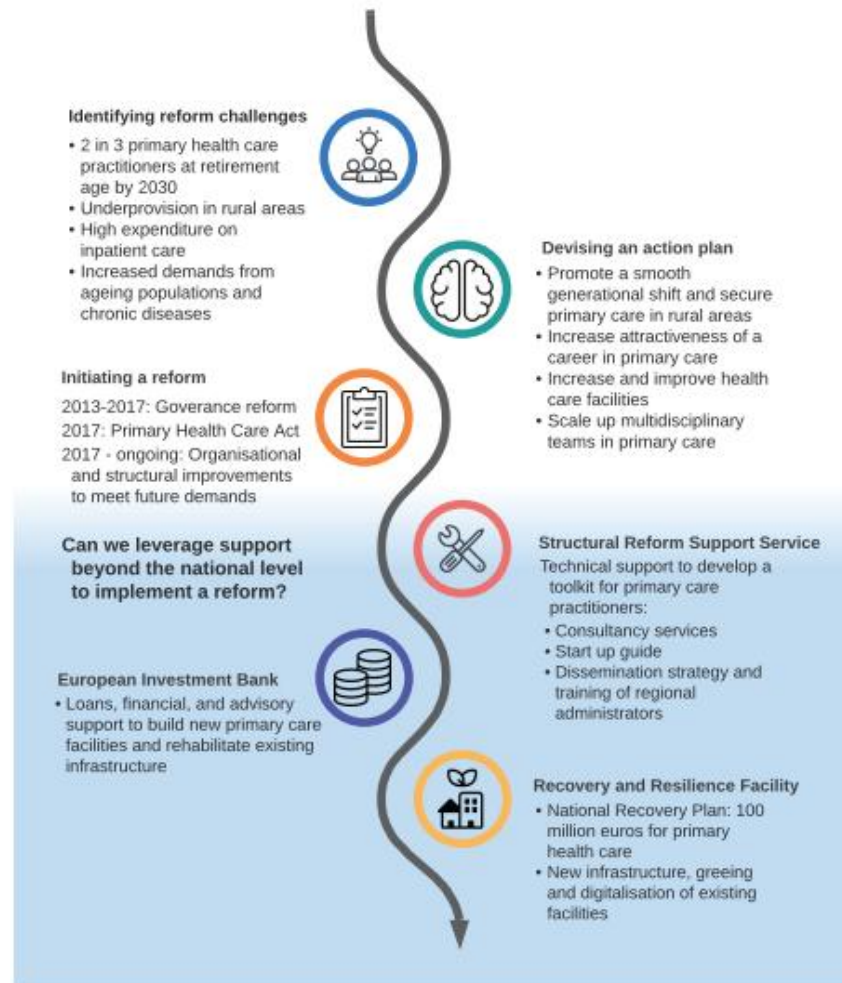
## Early lessons:

- EU instruments suitable for greening interventions are usually not set out to fund projects in the health sector
- Timing is a key challenge: projects need to match with programmes' timeframes, application requirements and eligibility criteria
- External support and experience often needed due to complexity of application process and requirements (e.g., need for a business plan)
- Highly competitive and resource intensive process – The application submitted by Tirol Kliniken was 100+ pages and entailed one full-time equivalent for duration of application process



# The Austrian experience beyond the hub: Implementing primary care reforms

**Figure 1:** Roadmap of the Austrian experience: challenges, changes and utilised EU tools



Source: Authors' illustration.

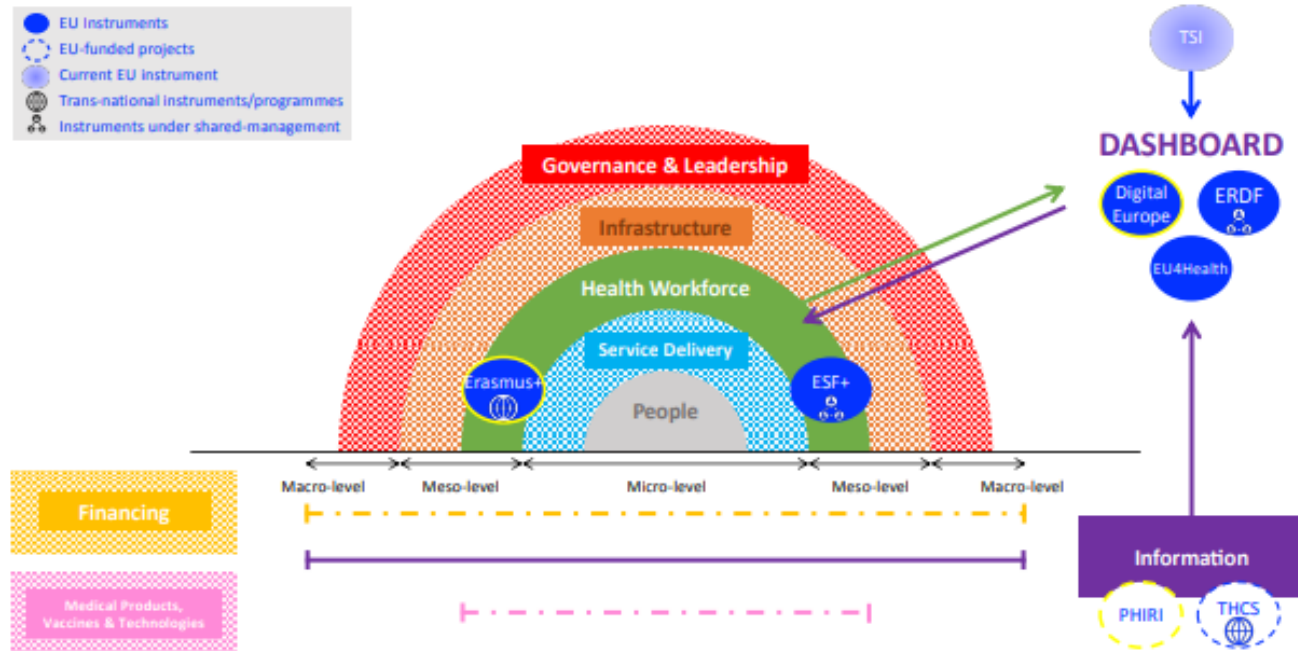
Austria combined several EU instruments in support of their primary care reforms, including:

1. Technical support from the Structural Reform Support Service (now TSI)
2. Loans and financial advisory services from the EIB
3. Funding from the RRF and EAFRD



# The Belgian pilot: Implementing PHM approaches for integrated care

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



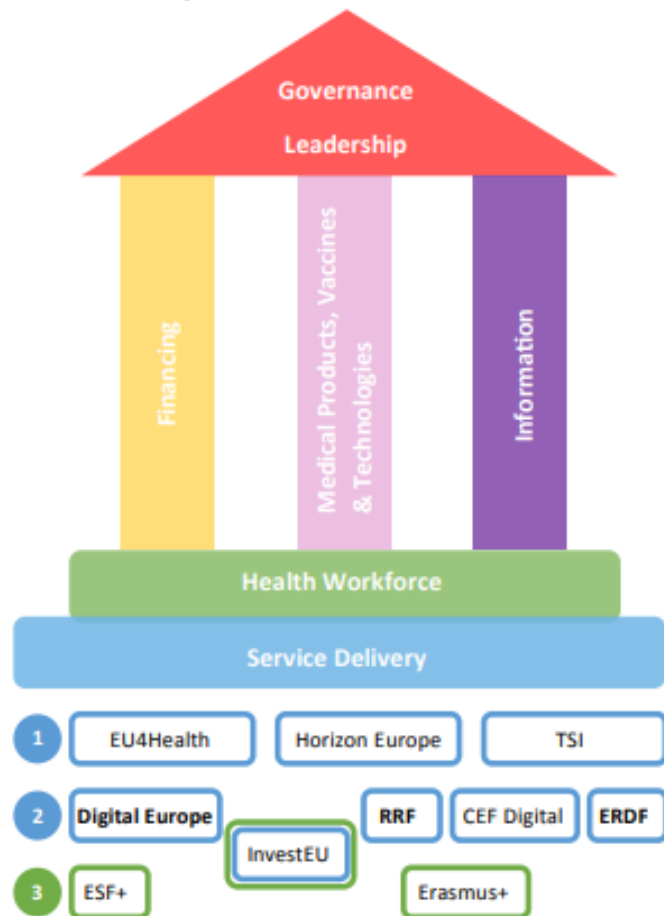
Source: Authors' compilation, adapted from references 13, 24 and 25.

- Developing a digital PHM dashboard and related IT infrastructure
  - **Digital Europe**
  - **ERDF**
  - **EU4Health**
- Providing training on PHM approaches and data collection/integration
  - **Erasmus+**
  - **ESF+**



# The Slovenian pilot: Strengthening access to primary health care

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

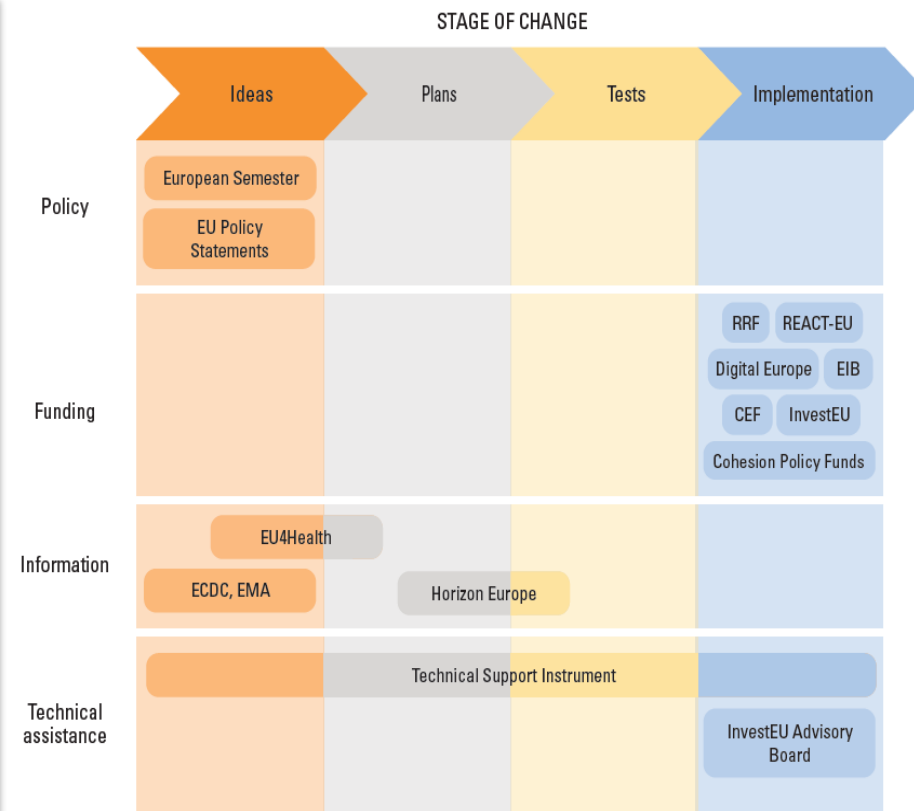
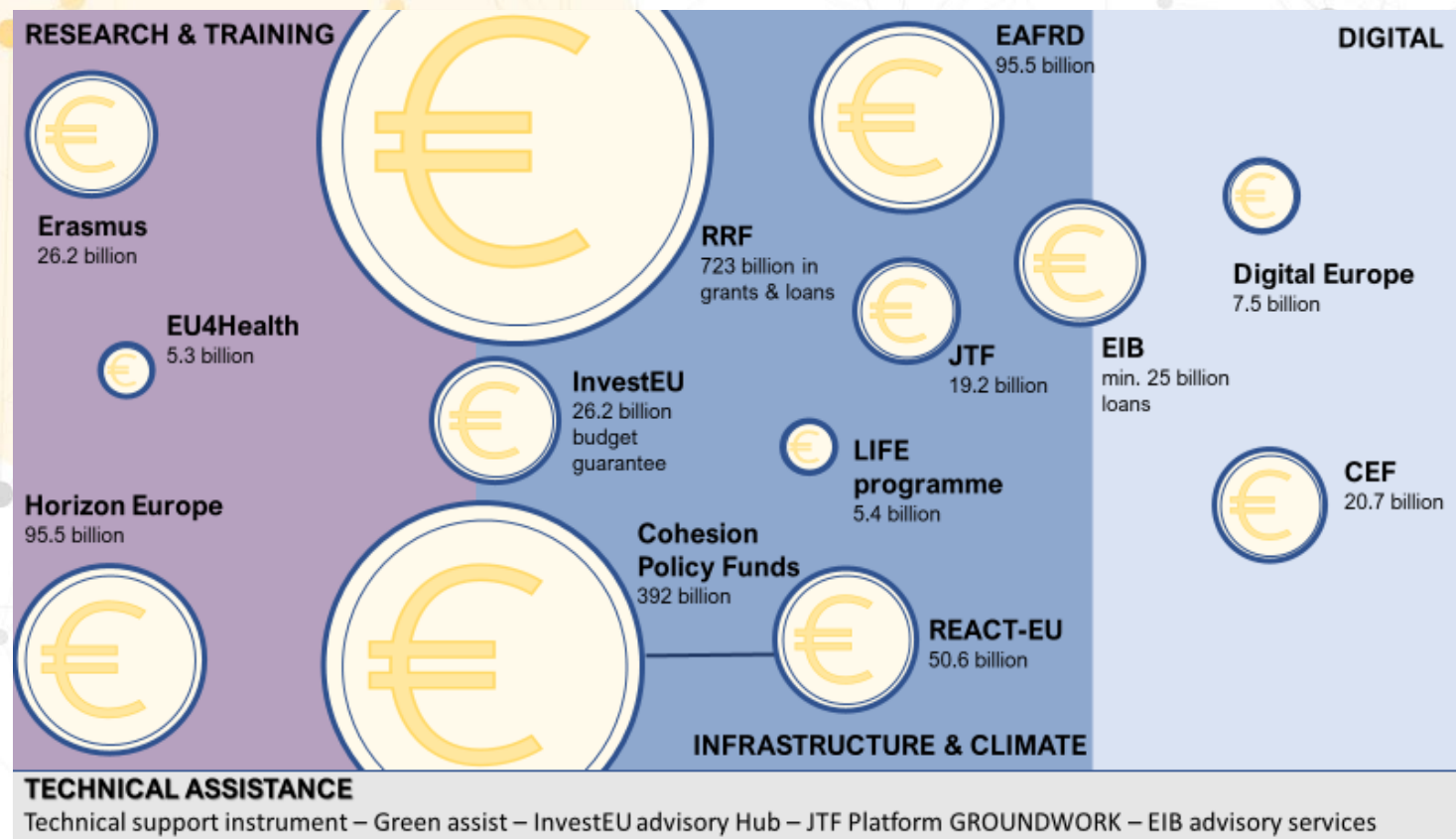


Source: Authors' compilation, adapted from reference 22.

1. Development of an implementation plan for introduction of a telephone triage and advice system
2. Upgrading existing telecommunication and/or digital infrastructure
3. Development of tailored training opportunities for staff to manage the triage system



# Looking ahead: How will the funding landscape change?



# Discussions on the new MFF and a proposed Competitiveness Fund are underway

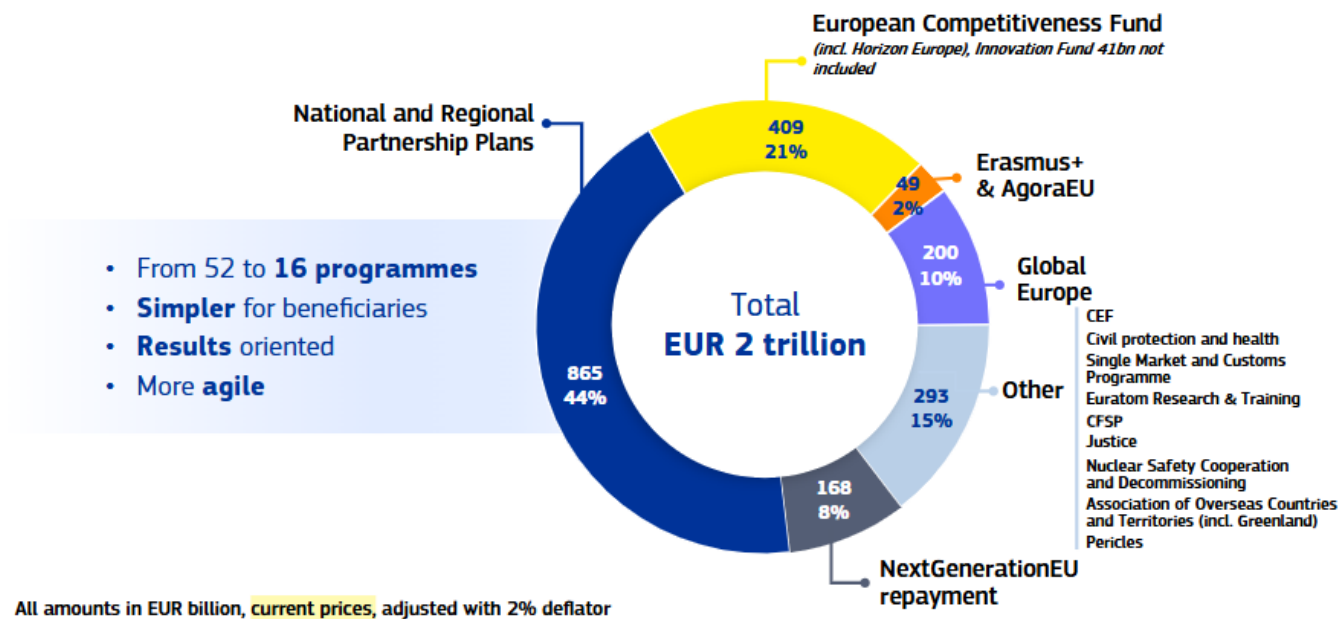
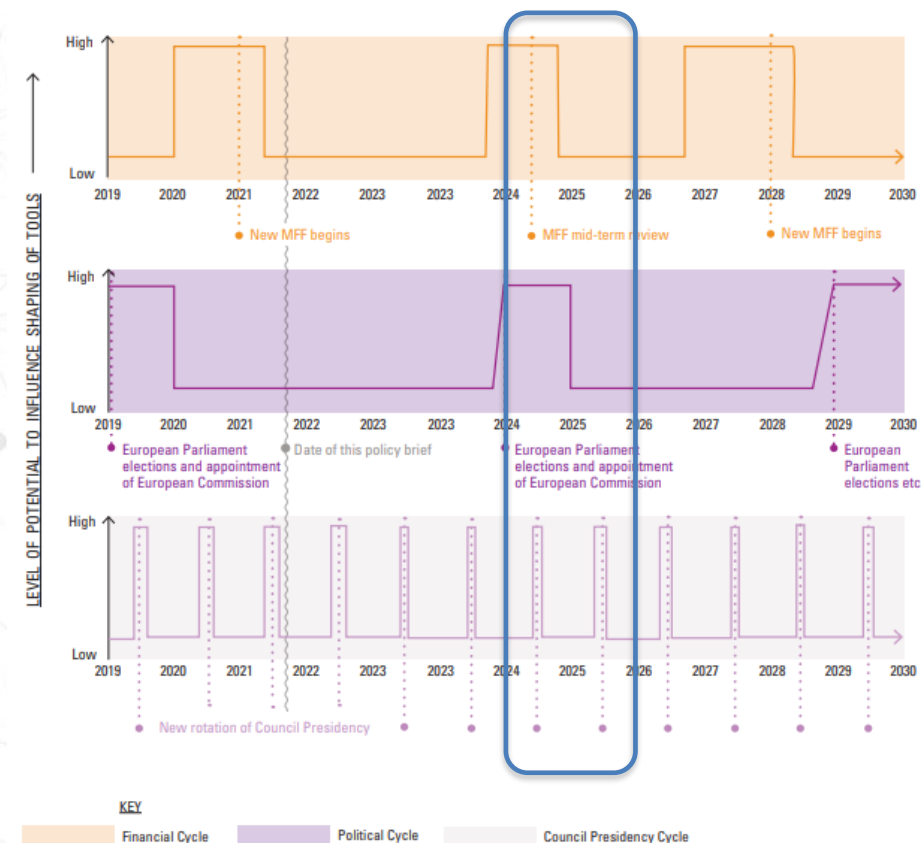


Figure 4: The relationship between different EU institutional cycles over time



# Early considerations for the new MFF

- Changes may have important implications for health systems, but extent is difficult to foresee as:
  - Different funding instruments tend to fund different types of initiatives along the stages of change (e.g., EU4Health: evidence for action vs. ERDF: infrastructure)
  - There are important differences in budgetary size and other characteristics (e.g., RRF and Cohesion Policy Funds offer comparatively larger share of funding for health)
- Funding instruments may substantially change – but the expertise and capacity needed to use them may not
- Proposals focus on simplifying and streamlining processes – but how will access to funds work in practice?

# Thank you



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