

EU RESOURCES HUB FOR SUSTAINABLE INVESTING IN HEALTH

Creating an EU Health Resource Hub

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List of abbreviations

DG REFORM	Directorate-General for Structural Reform Support
DG SANTE	Directorate-General for Health and Food Safety
EAFRD	European Agricultural Fund for Rural Development
ERDF	European Regional Development Fund
ESF+	European Social Fund Plus
EU	European Union
HERA	Health Emergency Preparedness and Response Authority
HIA	Health Impact Assessment
JTM	Joint Transition Mechanism
MFJ	Multiannual Financial Framework
NCN	National Competence Network
OECD	Organisation for Economic Co-operation and Development
PHM	Population Health Management
RRF	Recovery and Resilience Facility
TSI	Technical Support Instrument
UHC	Universal Health Coverage
WHO	World Health Organization

Terminology

Healthcare: This report uses "healthcare" to refer specifically to the delivery of clinical services, such as medical treatment and other health interventions for individual patients. It should be distinguished from "public health" which refers to systems and services aimed at protecting and improving health at a community or population level.

Health System: The term "health system" encompasses the entire range of healthcare and public health systems and services within a Member State.

TSI Project: "TSI Project" refers to the EU-funded project entitled: "Resources Hub for Sustainable Investing in Health," implemented by Expertise France.

TSI beneficiary Member States: These are the countries participating in the TSI project: Austria, Belgium, and Slovenia.

Pilot Initiatives: The collaborative efforts undertaken in these three Member States are referred to as "pilot initiatives". This term distinguishes them from both the broader TSI project, and any sub-projects (**pilot projects**) conducted within each pilot initiative.

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Executive Summary

European health systems face significant challenges, most predating – but highlighted by the COVID-19 pandemic. Challenges include: how to shift focus from treatment to prevention; managing rising levels of chronic diseases linked to aging, strengthening the health workforce, achieving universal health coverage, and adapting to the green and digital transitions. The Slovenian Presidency in 2021 emphasized the importance of EU support for healthcare reforms. Austria, Belgium, and Slovenia subsequently initiated a joint project on leveraging EU funds to support this reform. Austria, Belgium and Slovenia joined forces to request support from the European Commission under Regulation (EU) 2021/240¹ establishing a Technical Support Instrument ("TSI Regulation"). This request for technical support was assessed by the Commission in accordance with the criteria and principles referred to in Article 9 of the TSI Regulation. Following the assessment, the European Commission has decided to fund the request and provide technical support to Austria, Belgium and Slovenia together with Expertise France and the EU Observatory on Health Systems and Policies. This report was developed in the context of the TSI project.

Chapter 1: Empowering Member States for Effective Health Investments

Chapter 1 analyses why and how Member States' health systems, and particularly healthcare, require reforms to meet their socio-economic objectives, while also remaining financially viable. It explores how investments in health can support wider goals beyond improved health status, for example economic growth and social equity. It then analyses what has been done at the national level so far, and how the EU has sought to encourage reforms via both policy discussions and provision of funding. The chapter analyses the substantial funds that are available to EU Member States from EU programmes, financing mechanisms and loans. These go beyond the EU4Health and Recovery and Resilience Fund programmes and include, for example, the EU's Cohesion funds, its research programmes and the TSI. However, despite the advantages these instruments offer, none are specifically designed to support health sector reform. Navigating this complex landscape, with differing funding criteria and project submission cycles is challenging for national health officials. This, along with sub-optimal matches between what can be funded and Member States' needs, means EU funds do not play as big a role as they might in reform efforts. The solution proposed is the creation of an EU Health Resource Hub to help Member States access EU funds and expertise to support their health system reforms.

Chapter 2: Testing the Concept of a Hub to Support Health Reforms in Member States

Chapter 2 describes a joint project between Austria, Belgium, and Slovenia that was financed by the TSI, and which took place in 2023 and 2024. The project created a pilot EU Health Resource Hub which sought to help the three countries access EU funds. It provided tailored support in three key areas: investment case development, reform design and implementation, and testing the Hub concept. Key findings and challenges identified were that: Member States had very different capacities, needs and contexts when it came to developing investment cases and designing health system reform. The reform initiatives identified by countries for EU funding were heterogeneous and at different levels of maturity, reflecting the countries' differing needs and priorities:

- **Austria's reform initiative** explored the greening of its health care facilities and its contribution to climate change mitigation.
- **Belgium's initiative** focused on Population Health Management (PHM) and the use of integrated digital dashboards as key components to achieve integrated care.
- **Slovenia's initiative** aimed at strengthening primary healthcare in line with its recently drafted primary healthcare strategy.

Consequently, the pilot Hub had to provide tailored services to each Member State rather than standardized packages. Its ways of working therefore varied in each case. Despite this, the pilot Hub proved useful to all three project partners, and it was able to identify appropriate funding opportunities for all. The Advisory Group representing the project partners therefore recommended that an EU Health Resource Hub be created to support all Member States interested in health system reform.

¹ Regulation (EU) 2021/240 of the European Parliament and of the Council of 10 February 2021 establishing a Technical Support Instrument, OJ L 57, 18.2.2021, p. 1–16. <http://data.europa.eu/eli/reg/2021/240/oj>

Chapter 3: Proposal for an EU Health Resource Hub

Chapter 3 analyses the core principles that should govern the establishment of an EU Health Resource Hub, what services it should offer, who should be able to access these services, what the status of the Hub should be and how its governance should work. In doing this, it analyses the models used by three existing EU support Hubs: the Invest EU Advisory Hub, which provides support in relation to EU investment funds; SOCIEUX+ which provides support on cooperation projects between public bodies and social partners; and the Enterprise Europe Network that facilitates access to grants for Small and Medium Sized Enterprises.

Taking account of lessons from other Hubs and the needs of the health sector, the chapter proposes the Hub should be based on the following values: inclusivity, respect for national ownership, cross-border collaboration, accessibility, efficiency, flexibility, adaptability, and openness to innovation. It proposes the Hub should offer proactive general services including information dissemination, networking, capacity building, and collaboration support, as well as tailored assistance in view of preparing applications for EU support. The tailored services should include project development, funding identification, project optimization, and tailored capacity building to ensure Member States submit high-quality applications for EU funding.

The EU Health Resource Hub which builds upon the successful TSI initiative should be overseen by the European Commission. Its governance and administration should be flexible, enabling the Hub to access networks of experts when Member State's needs demand this. The TSI pilot project highlighted the critical role of the European Observatory on Health Systems and Policies in ensuring the pilot Hub's success. The future Hub should continue this partnership with the Observatory and not seek to duplicate its functions as a knowledge resource. It should complement the Commission's TSI by focusing on projects requiring enhanced flexibility and responsiveness – though while recognising some Member States may prefer to interact directly with TSI for such projects. It concludes that the Hub will support health system reforms across the EU by enhancing Member States' access to EU funding and support services that can facilitate these processes.

Introduction

1. The origins of the Project

European health systems have been under enormous pressure due to the COVID-19 pandemic. Most of the challenges they face pre-date the pandemic, but all have been highlighted or exacerbated by it: our systems should focus more on keeping people healthy, rather than just treating illnesses; demographic change and Europe's aging population mean more people are living with chronic diseases, which our systems need to become better at managing beyond one-off hospitalizations; we need to strengthen the health workforce across the European Union (EU) and ensure all countries have the skilled staff they need; universal health coverage as targeted by the Sustainable Development Goal 3.8 is crucial for social equity and our societies' ability to cope with future pandemic; we need our health systems to be more responsive to the green and digital transitions; and all this needs to be achieved while respecting the EU Semester's goal of ensuring sound public finances. These are some examples, among others, of the structural issues European health systems are all facing, beyond the necessary adaptations brought about by the pandemics. But while EU electorates consistently demand that Governments invest in improving health systems, they do not necessarily want to pay higher taxes² or deprioritise other areas of spending. Health systems reforms offer the possibility of leveraging the latest knowledge and technologies to increase the efficiency of the health systems, and thus deliver better results while respecting budgetary discipline. And in addition, building trust in the ability of these reforms to adapt health systems to the evolving needs of the population remains crucial³.

However, these investments in health systems reforms are demanding as they shake up old ways of working. They may require significant up-front investment in new technologies and new workflows to transform existing systems. This may in turn involve engagement and negotiation with healthcare staff who need to change their working practices as well as engaging service users. The time lag between making the investment and seeing the benefits of it, and the possibility that service providers, service users (or both) may be unwilling to change, means healthcare reform carries some risk. This means health officials who want to initiate a reform, need to explore many different options and identify the best ones. This is why the support of the EU can be fruitful and helpful. Working in strict compliance with the division of powers between the Member States and the Commission under the EU Treaty, European-level investment and technical support can play a catalytic role: acting as a lever to kick off structural transformations. The EU can help Member States develop a cross-cutting vision of health, since these transformations are often at the crossroads of several sectors. It can also pull together expertise and knowledge from across Europe to show what reforms have worked in different countries and how national reform proposals benchmark against best practice. If there is one key lesson to be learnt from the pandemic period, it is that we are stronger together.

In 2021, the Slovenian Presidency took a visionary approach and put a spotlight on the broad financial and technical support available at the EU level to strengthen national health systems and support their transformation. The Council of the EU invited the Commission in a clear and explicit way to *"explore the provision of an advisory service with a single point of access to assist Member States on request in optimising the use of EU funds, mechanisms and instruments to support the planning, financing and implementation of changes in their healthcare systems"*⁴. On the one hand, investments in health need to be better identified on EU level, while on the other, existing funds require more visibility and flexibility to better match Member States' needs and priorities.

² Only 4 EU citizens out of 10 think that 'we should all accept to pay higher taxes in order to have better public services', https://ec.europa.eu/commission/presscorner/detail/en/MEMO_08_467

³ <https://www.bmj.com/content/bmj/380/bmj.p651.full.pdf>.

⁴ [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021XG1220\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021XG1220(01)).

2. From vision to action

Building on this initiative, three EU Member States, Austria, Belgium and Slovenia, decided to translate their political commitment into more concrete actions. They planned and implemented a joint project together, to make the case for public investment in health and identify the best approach to use EU funding mechanisms to transform their health systems. The purpose was not to replace existing funds, but to promote their identification, visibility and access. They requested technical support from the TSI, managed by DG REFORM. The European Commission implemented the TSI project in partnership with Expertise France. For specific activities, the European Commission contracted the European Observatory on Health Systems and Policies.

The TSI project has been structured around two work streams: Work Stream 1 (WS1) aimed at strengthening the capacity of the three Member States to demonstrate clear evidence of socioeconomic benefits of investments in health, in order to convince Governments of the need to keep prioritising these investments. Work Stream 2 (WS2) aimed at creating the basic concept for a central “EU Resource Hub for Sustainable Investment in Health” (referred to in this document as “the Hub” or the “EU Health Resource Hub”), by testing it through support provided by Expertise France and the European Observatory on Health Systems and Policies for the piloting of three national initiatives.

These three Member States developed three different pilot projects, matching their own specific needs and priorities: **Austria** explored the greening of its healthcare facilities and its contribution to climate change mitigation; **Belgium** focused on developing an integrated digital dashboard to support Population Health Management (PHM) as part of the implementation of the inter-federal plan on integrated care; and **Slovenia** aimed at strengthening primary health care in line with its recently drafted strategy on primary care. The development of these activities has been facilitated by a report from the European Observatory on Health Systems and Policies identifying existing EU funds and instruments that may be used for supporting health reforms and investments, as well as their scope and procedures⁵.

At the same time, the project paves the way to enabling all 27 EU Member States to better access EU instruments that can support their health reforms and investments. The process to create the pilot hub began in Autumn 2023 with the preparation by Expertise France and the project’s partners of a working document “Scoping paper and Terms of Reference for Preliminary scenario building of a future “EU Health Resource Hub”. In this framework, Expertise France commissioned the economic research foundation SEO Amsterdam Economics to prepare a preliminary assessment of possible scenarios for the Hub. This was discussed by the Advisory Group of the project in February 2024⁶.

Belgium, which held the Presidency of the Council of the EU from January to July 2024, was determined to take this project, its objectives and vision to the next level. The TSI Project and its first learning experiences were discussed during a workshop entitled “Investing in Health” during the Presidency Conference on the Future of the EU Health Union on 26-27 March 2024. Council Conclusions were then adopted by the Employment, Social Policy, Health and Consumer Affairs Council (Health) on 21 June 2024 under the Belgian Presidency, inviting the Commission to establish an EU Health Hub accessible to all 27 EU Member States⁷.

⁵ EU resources for investing in and strengthening health systems: Tailored options for Austria, Belgium and Slovenia (<https://eurohealthobservatory.who.int/publications/m/eu-resources-for-investing-in-and-strengthening-health-systems-tailored-options-for-austria-belgium-and-slovenia>).

⁶ The Advisory Group meetings bring together representatives of DG REFORM and DG SANTE, of the three Member States as well as from Expertise France and the European Observatory on Health Systems and Policies.

⁷ <https://data.consilium.europa.eu/doc/document/ST-11597-2024-INIT/en/pdf>.

3. Purpose of the report

This report presents an in-depth analysis of the Hub based on lessons learnt from the pilot initiatives and in line with the decision of the Advisory Group to choose the most ambitious future scenario for the Hub: to aim for a “EU Health Resource Hub” that is a one-stop-shop for support and advice at the EU-level to all Member States. This lays the groundwork to scale up the pilot Hub’s services, aiming to establish a sustainable, central one-stop-shop at the EU level, readily accessible to all Member States. This report will be complemented by a Strategic Action Plan for upscaling the pilot “EU Health Resource Hub” towards a sustainable “EU Health Resource Hub” accessible to all 27 MS in the future.

The report underscores the critical need for European countries to invest in health system reforms. It demonstrates how a dedicated “EU Health Resource Hub” can serve as a valuable facilitator of this critical process. The report outlines the Hub’s core strategic principles, details the services it can offer to Member States, and defines the essential functionalities for its operation. These elements draw upon the experience gained during the implementation of the TSI project and a review of existing advisory services within the EU.

4. Methodology

This report was developed by **Expertise France’s international team**, in collaboration with **SEO Amsterdam Economics**. Its preparation has benefited from the valuable contributions of, and close cooperation with, the **European Observatory on Health Systems and Policies**, the **three beneficiary Member States** participating in the Hub pilot project, and the support of **DG REFORM** and **DG SANTE**. Formal discussions on the report were held through the project’s Advisory Group meetings.

To ensure the report reflects the needs and perspectives of the beneficiary Member States, Expertise France conducted interviews with their representatives. These interviews captured their specific expectations and proposals for the Hub.

Furthermore, a **panel of independent high-level international experts collaborating with Expertise France**⁸, provided valuable feedback on the initial draft. Their insights on the analysis and proposals were incorporated into this final version of the report and discussed with the Advisory Group.

⁸ The members of the group were: Adam Vojtech, Liisa-Maria Voipio-Pulkki, Vesna Kerstin Petrič, Andrew Amato-Gauci, and Maris Jesse.

Chapter 1: Empowering Member States for Effective Health Investments

1.1 The necessity of structural health reforms

The European Union boasts a good average health status for its population, albeit with territorial and social inequalities⁹. This can be attributed to several factors. Firstly, significant healthcare investment across the EU has led to rising healthcare expenditure as a proportion of GDP over the past two decades¹⁰. According to the OECD, this spending directly correlates with increased life expectancy, reduced avoidable mortality, and improved quality of care¹¹. Beyond investment, despite important differences between them, European Union Member States benefit from well-developed social protection systems established in the mid-20th century and, by global standards, a relatively large and highly skilled health workforce¹².

Nevertheless, despite the good average health status, significant disparities exist across the continent. Historical factors largely explain these inequalities between countries. Significant gaps in access and quality of care remain also within each country, even among the most affluent countries with advanced healthcare systems. Moreover, despite their social protection systems, out-of-pocket healthcare costs remain a barrier to access for vulnerable groups in many Member States: WHO Regional Office for Europe (WHO/Europe) estimates that 20% of the population faces challenges accessing essential healthcare due to these financial burdens¹³. It is not surprising that 56 % of EU citizens think that reforms are most needed in the health sector, and that in 11 Member States, more than 60% express this view¹⁴.

In addition, new challenges could potentially undermine the results achieved, even beyond the significant disruptions caused by the COVID-19 pandemic, which delivered a significant blow to Europe's health landscape. Though recently the situation has improved somewhat, health indicators have not universally rebounded to pre-pandemic levels. Moreover, with international focus now shifting towards preparedness for future global health threats, the pandemic exposed vulnerabilities in healthcare systems necessitating urgent adaptations.

While the pandemic undeniably exacerbated certain issues, most challenges predate it and persist across Europe, requiring diverse responses. Some of the most critical challenges are listed below, though this is not an exhaustive list:

- **Aging Population and Shifting Needs:** The proportion of Europeans over 65 has nearly doubled since 1960 (from under 9% in 1960 to 18% in 2021), a trend expected to continue¹⁵. This translates into a projected rise in chronic diseases, demanding a transformation in care and treatment provision.
- **Reinforced Prevention and Health Promotion:** Many European healthcare systems historically focused heavily on hospital-centred care. Focusing more investment on preventive measures, health education, health literacy and population-based approaches is crucial to keeping our health systems sustainable.
- **Mental Health:** Mental health challenges are widespread across Europe, with an estimated one in two people experiencing anxiety or depression in their lifetime. The estimated 4% GDP cost associated with

⁹ Source: OECD Health Statistics 2023, p. 211.

¹⁰ Spending on health in Europe: entering a new era. Copenhagen: WHO Regional Office for Europe; 2021. License: CC BY-NC-SA 3.0 IGO.

¹¹ Source: Health at a Glance 2017, © OECD 2017 What has driven life expectancy gains in recent decades? A cross-country analysis of OECD member states.

¹² <https://www.who.int/data/gho/data/themes/topics/health-workforce>.

¹³ Can people afford to pay for health care? Evidence on financial protection in 40 countries in Europe. Summary. Copenhagen: WHO Regional Office for Europe; 2023

¹⁴ Understanding Europeans' views on reform needs, Eurobarometer, April 2023, <https://europa.eu/eurobarometer/surveys/detail/3054>.

¹⁵ Source: OECD Health Statistics 2023, p. 211.

these disorders, impacts both treatment expenses and lost productivity.

- **Healthcare Workforce Shortages:** Not being able to recruit enough healthcare professionals to staff their services further complicates the challenges facing Member States' health systems¹⁶.
- **Climate Change and Health:** the impact of the environment on health is well documented¹⁷ and the need for a One Health approach that reflects this has become increasingly important. Notably, for the first time COP 28, held in Dubai (Nov. 30-Dec. 12, 2023), recognized this link by dedicating a session to health and climate change.
- **Digital Health Transformation:** Data collection, accessibility, security, and system interoperability are crucial for population health studies and evolving healthcare practices, including AI integration, remote consultations, and patient-driven tools.
- **Universal Health Coverage (UHC):** UHC, targeted by the Sustainable Development Goal 3.8, is crucial for our societies to navigate social and health shocks and crises. Progress towards UHC pre-pandemic was already uneven, and inequalities remain a critical challenge.
- **Addressing fiscal constraints:** Outdated and insufficient financial arrangements often have to be adjusted and demand has to be adapted through reforming process in order to enhance long term sustainability of health care system.

In addition to the above challenges, the **socio-economic and legal context** within which Member States' Ministries of Health operate needs to be recognised. All Member States are committed under the Treaty on European Union to pursuing balanced economic growth and price stability¹⁸. This means that, since 2010, not only are the spending plans for national health systems scrutinised by the national ministry of finance and other spending ministries – they are also reviewed by the European Commission and other Member States. One result of this EU level review process, known as the **European Semester**, has been to initiate discussions and scrutiny at EU-level on improving financial efficiency in the health sector via health system reform.

Innovation for sustainability: Investing for a healthier and more prosperous society

These challenges need to be addressed in innovative ways. Traditional ministry of finance approaches to health systems funding, have tended to view it as a drain on resources, overlooking its potential as a strategic investment, with structural reforms addressing organizational matters as well as the use of digital tools and innovative products. By adopting innovative approaches, governments can unlock a range of benefits that extend far beyond improved population health. In Europe's aging society, investment in health is needed to ensure citizens can stay economically, as well as socially, active for longer. The health sector provides skilled and socially rewarding jobs for millions of Europeans. And it can also be a driver to improve social equity when investments are targeted at the most vulnerable communities and population groups.

For health authorities, the critical first step in health reform planning hinges on its demonstrably positive impact on population health and a credible cost-benefit analysis.

Furthermore, as already touched on, a healthy population is not just a social good: it's a powerful economic driver. Healthy workers are more productive, have lower absenteeism, and demonstrate greater adaptability to changing job demands. In a broader context, a healthy population is a foundation for a stable and strong socioeconomic environment that can efficiently serve and protect society. As well as this, healthcare itself is a major economic sector, contributing significantly to national growth¹⁹. The key is not simply to spend more on healthcare, but to

¹⁶ Source: WHO/Europe: Health and Care Workforce in Europe: Time to Act. September 2022.

¹⁷ The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms, The Lancet, Volume 402, ISSUE 10419, P2346-2394, December 16, 2023.

¹⁸ Article 3 (3) of the Treaty on European Union.

¹⁹ NHS Confederation, Carnall Farrar (2022), Analysis: The link between investing in health and economic growth.

invest strategically. Each country has unique needs, and effective investments must be tailored accordingly²⁰. Having a healthy population and a strong health sector enables the national economy to grow and helps create new products and new markets. However, all this requires health investments that are efficient, controlled, and which deliver measurable results.

The required transformations are often at the crossroads of several sectors. For example, there are multiple challenges to address at the interface of human health, animal health and environment policies, with the biggest of these being the impact of climate change. However, a One Health approach between these sectors is increasingly needed on the related, but separate, issues of antimicrobial resistance and the emergence of new pathogens. Other sectors that have important interfaces with health include commerce, the education sector and – as seen during the COVID-19 pandemic – travel and tourism. Member States must develop a cross-cutting vision of health, recognizing the broader societal benefits beyond individual health outcomes. This necessitates a collaborative approach across sectors to implement effective solutions. Benchmarking successful strategies from other countries and a focus on measurable results are crucial for ensuring these transformations deliver the desired impact.

Effective resource allocation requires distinguishing between three types of healthcare spending:

- Maintaining and upgrading current systems (operational investments).
- Building or renovating facilities and acquiring equipment (current investments).
- Long-term system changes to improve efficiency and sustainability (structural investments).

While all are necessary, with varying needs across countries, structural investments are crucial for the future. They transform healthcare systems to adapt to emerging challenges and ensure their long-term viability. Current government budgets and EU financing mechanisms tend to prioritize the first two categories. However, to guarantee sustainable and resilient healthcare, a strategic shift towards structural investments is essential.

Rising public expectations for healthcare in a constrained budget environment

Before the COVID-19 pandemic, health had consistently ranked among the primary concerns of EU citizens for an extended period²¹, and the pandemic has reinforced this. Citizens expect greater access to high-quality healthcare services and many communities want a voice in shaping healthcare policies, reflecting the "Nothing about us without us" principle. These growing demands coincide with increasing pressure on government budgets due to:

- Rising healthcare expenditure: Demographic shifts like ageing populations and the growing burden of Non-Communicable Diseases (NCDs) are driving up healthcare costs.
- Population growth: An expanding population puts additional strain on healthcare systems, requiring them to serve a larger number of people.

Combined with heightened public scrutiny from media and citizens alike, these factors create a significant challenge for governments seeking to address healthcare system shortcomings and meet evolving needs.

This surge in public expectations coincides with a period of limited resources. The COVID-19 pandemic's budgetary strain, Europe's fragile economic recovery, and international crises like the war in Ukraine are considerably restricting Member States' budgets. These limitations come at a time when the pandemic exposed weaknesses in healthcare systems, leading to new public demands for proactive measures like preventive care and accessible treatment programs. Faced with these contrasting trends, Member States must find innovative and efficient ways to deliver high-quality healthcare within a constrained financial environment. Structural reforms and strategic investments become crucial to ensure healthcare systems remain sustainable and capable of meeting evolving public needs.

²⁰ European Observatory on Health Systems and Policies: A mapping Exercise, Making the Case for Public Investment in Health, June 2023.

²¹ Alsamara, I., & Brand, H. (2023). Public Opinion on a European Health Union. In V. P. Andriukaitis, & G. Cerniauskas (Eds.), A European Health Union: A Blueprint for Generations (pp. 83 - 102). Foundation for European Progressive Studies & the European Parliament.

1.2 Healthcare Reforms in the European Union: National efforts and the need for enhanced EU support

Even before the COVID-19 pandemic, European Member States recognized the need for significant healthcare reforms. The challenges are multifaceted, demanding a shift beyond simple adjustments. While specific reforms vary based on each nation's healthcare culture and background and priorities, common themes emerge: restructuring public health systems for surveillance, preparedness and response; shifting the balance from hospital-based to outpatient care; developing public health policies through better-structured national programs and a better-organized network of national agencies; setting up population health monitoring programs to inform public health choices; reorganizing healthcare provision to enable the establishment of patient centred care pathways; deploying health-climate strategies; accelerating the digitalization and greening of the health system, etc.

As the definition of health policy and the organisation and delivery of health services and medical care are under the responsibility of the Member States²², the EU has mainly intervened to support the Member States on broader public health and health protection issues. In recent years, the EU's role in supporting Member States in preparing for and responding to cross-border health threats has been most prominent. However, the EU has also played an important role in regulating issues at the intersection of health and the EU internal market ranging from the safety of food and medicines through to the safety of tobacco products and blood. The provisions of the Treaty on the Functioning of the European Union stipulate that Union action complements national policies and also aims to encourage cooperation between Member States and promote coordination with a view to establishing common guidelines and indicators, as well as organizing the exchange of best practices. This has provided the basis for numerous Joint Actions between Member State health sector bodies funded by the EU4Health programme (and the previous Health Programmes), and these have included some collaborations focusing on healthcare²³.

In the absence of a specific instrument devoted to health reforms, EU support may come through various existing instruments, such as for example EU4Health, Horizon Europe, LIFE, the Cohesion Policy funds, the Recovery and Resilience Facility (RRF) or the Digital Europe Programme²⁴. These can, in many instances, support projects that make highly valuable investments in health and help the beneficiary Member State(s) make their health systems both sustainable and more resilient. Such investments are demanding, costly and sometimes risky because they shake up the way of working and require transformation of existing systems while exploring many different options. When exploring these options, the EU's multi-country, multi-sector perspective and its ability to benchmark national capabilities against those of other countries can be valuable assets.

The COVID-19 pandemic showed that, when necessary, the EU can combine efficiently its sources of funding to address health issues and reinforce the Member States' health systems. The EU has, for example, supported them in funding their crisis response through the Coronavirus Response Investment Initiative, channelling around €37 billion in emergency funding from EU Structural Funds to Member States. This came from an additional budget for the EU Structural Funds 2014-2020. The EU ensured crisis management and coordination throughout the COVID-19 pandemic through constant contact between Member States and EU institutions. It found the resources to make medical equipment available by creating a common European stockpile of personal protective equipment and ventilators under the EU Civil Protection Mechanism Resc-EU. It also coordinated joint public procurements, including of COVID-19 vaccines, and regulated exports of key equipment to ensure a constant supply within the EU.

To help Europe cope with future public health threats, the EU has proposed a new, reinforced EU health programme (EU4Health) replacing the Third Health Programme (2014-2020) with its budget of €449.4 million. EU4Health boasted an initial budget of €5.3 billion for the 2021-2027 period. Even with recent reductions, this represents an

²² Article 168 of the Treaty on the Functioning of the European Union.

²³ For more details see https://hadea.ec.europa.eu/news/unlocking-impact-discover-how-four-eu-funded-joint-actions-are-contributing-healthier-europe-2023-12-04_en.

²⁴ The European Observatory of Health Systems and Policies has listed 14 main EU instruments and programmes that could be used for financing health investments and reforms of the health systems (EU resources for investing in and strengthening health systems: Tailored options for Austria, Belgium and Slovenia).

unparalleled level of financial support for the health sector from the EU. The RRF, a temporary instrument that is the centrepiece of “Next Generation EU”-NGEU (EU’s recovery instrument to support Europe’s economic recovery from the pandemic and build a greener, more digital and more resilient future) has identified health investments as one of its main pillars.

But, despite this significant EU funding for potential health system reforms and the lessons learnt from COVID-19, Member States still face hurdles in accessing and utilizing it effectively. Limited capacity often hinders their ability to develop well-targeted funding applications. Compounding this, a lack of long-term expertise in designing, planning, and implementing effective reform programs creates a critical skills gap. This gap makes developing practical approaches for health systems’ reforms particularly difficult and significantly increases the risk of failure²⁵. EU support should ensure reforms deliver tangible improvements, drive significant and sustainable changes in healthcare systems, and secure appropriate EU and national financing by supporting the reform process from the outset. This is precisely where the TSI developed by DG REFORM steps in.

1.3 Opportunities and challenges in EU Health Funding

Though the EU has substantial financial resources that can be used to support healthcare systems and their reform across Member States, it does not have a specific programme or budget line dedicated to it. Instead, it utilizes a multi-instrument approach, with resources being available to the healthcare sector through various funding streams. These funds encompass a wide range of investment areas such as infrastructure, digital solutions and training opportunities. They also focus on broader areas like social inclusion, regional development, and research, all of which have a demonstrable impact on the healthcare sector, and indeed health outcomes. The EU also provides technical support via initiatives on capacity building and knowledge sharing that empower Member States to drive their own health system improvements.

In October 2021, during the Slovenian Presidency of the Council of the European Union, the European Observatory of Health Systems and Policies published a first policy brief, “European support for improving health and care systems”²⁶. In addition to describing the existing funds that could be used for health systems reforms, it has been the starting point of the three Member States’ reflection on submitting a request leading to the present project, by showing that:

- “The need to combine diverse tools creates the challenge for Member States of being aware of many different tools and their potential to support health systems, and in aligning objectives and processes between health objectives and the requirements of those tools”.
- “There is potential to combine support from the EU with support from other sources, such as national and regional instruments or other international bodies like the World Health Organization (WHO), although this also presents countries with the challenge of combining instruments with diverse objectives and processes”.
- “The EU’s support to health systems respects the primary responsibility of EU countries for their own health systems. Nevertheless, being able to draw on EU support has been increasingly important, in particular for Member States that have joined since 2004 and will become even more vital in the coming years”.
- “As health systems across Europe deal with the consequences of the COVID-19 pandemic, there is scope for greater collaboration between individual countries and at EU level to make best use of EU tools to strengthen health systems”.

²⁵ Bayat M, Kashkalani T, Khodadost M, Shokri A, Fattahi H, Ghasemi Seproo F, Younesi F, Khalilnezhad R. Factors Associated With Failure of Health System Reform: A Systematic Review and Meta-synthesis. *J Prev Med Public Health*. 2023 Mar;56(2):128-144. doi: 10.3961/jpmph.22.394. Epub 2023 Mar 14. PMID: 37055355; PMCID: PMC10111098.

²⁶ <https://eurohealthobservatory.who.int/publications/i/european-support-for-improving-health-and-care-systems>.

As part of the present project, the European Observatory on Health Systems and Policies published a report titled: *"EU resources for investing in and strengthening health systems"*, directly addressing this highly dynamic landscape of EU funds that could be used to support health reforms²⁷. Notably, the report focuses on areas directly relevant to the case studies chosen by Member States and provides a comprehensive mapping of the diverse funding resources available for health investments in the EU, including EU4Health, the Recovery and Resilience Facility (RRF), European Regional Development Fund (ERDF), European Social Fund Plus (ESF+), Just Transition Mechanism (JTM), Horizon Europe, European Agricultural Fund for Rural Development (EAFRD), Invest EU, Digital Europe, and more. The report shows that each fund has its own objectives and framework conditions including budget, timeline, application, and eligibility criteria.

The diversity of existing funds makes for a variety of funding regimes designed to address a wide variety of Member States' needs: there is quite a well-balanced mix between funds managed through direct and shared management, between funds that are work program-based, demand based and operational program-based. Specific advisory services often complement funding instruments, while the blending of EU instruments is theoretically feasible. Most of the existing instruments provide grants, yet other types of financial instruments, such as loans or equity, may sometimes be available to implement particularly large projects.

This diversity of funds means a diversity of services of the Commission and other EU bodies that fund or may fund health systems reforms.

DG SANTE's EU4Health programme offers valuable support and is a large health program in monetary terms²⁸, with an initial budget of €5.3 billion in current prices, even if the recent budget reductions of €1 billion may further limit the program's capacity. It goes beyond an ambitious response to the COVID-19 crisis to address the resilience of European healthcare systems, with 4 main goals (to improve and foster health in the Union, to tackle cross-border health threats, to improve medicinal products, medical devices and crisis-relevant products and to strengthen health systems, their resilience and resource efficiency), investments in urgent health priorities (response to COVID-19 pandemic, resilience for cross-border health threats, Europe's Beating Cancer Plan and the Pharmaceutical Strategy for Europe) and other areas (the digitalisation of health systems, antimicrobial resistance and improved vaccination rates).

However, the resources specifically devoted to health reforms in the EU4Health Program are still limited: in the budget for 2024²⁹ (752.4 million euros taking into account the EFTA contribution), the strand concerning health system and healthcare workforce represented before the cuts 41,4 million, of which 2 million are devoted to "health reforms and strengthening health systems". Other parts of the budget, such as the strand concerning digital activities, like the activities for "Promoting the Uptake of Artificial Intelligence in Health" (4,5 million euros) may also support health reforms, but this represents a small part of the EU4Health Programme's budget.

The main EU resources available to reform health systems in recent years have been from the RRF, with offered €723.8 billion in grants and loans for the period 2021-2026³⁰, which is managed by **SG RECOVER**. The next biggest source of funding has been under the EU's Cohesion Policy (CP), which is the EU's main investment policy³¹ accounting for about a third of the EU budget³² (about €543 billion, of which €377 billion in EU co-financing and €166 billion in national co-financing), under the responsibility of and managed by **DG REGIO**.

Another important player is the **European Investment Bank** (EIB), which provides economic support to sectors, including the health sector, that contribute significantly to growth, employment, regional cohesion and environmental

²⁷ Available through this link: <https://eurohealthobservatory.who.int/publications/m/eu-resources-for-investing-in-and-strengthening-health-systems-tailored-options-for-austria-belgium-and-slovenia>.

²⁸ https://hadea.ec.europa.eu/programmes/eu4health/about_en.

²⁹ ANNEX to the Commission Implementing Decision on the financing of the Programme for the Union's action in the field of health ('EU4Health Programme') and the adoption of the work programme for 2024.

³⁰ https://commission.europa.eu/about-european-commission/departments-and-executive-agencies/recovery-and-resilience-task-force_en#recovery-and-resilience-facility.

³¹ Composed of 4 funds: European Regional Development Fund (ERDF), European Social Fund + (ESF+), Cohesion Fund (CF), Just Transition Fund (JTF).

³² About €543 billion, of which €377 billion in EU co-financing and €166 billion in national co-financing.

sustainability in Europe. Interestingly, the EIB has developed the Invest EU Advisory Hub, which acts as the single-entry point for project promoters and intermediaries seeking advisory support, capacity building, and technical assistance related to centrally managed EU investment funds.

Despite offering advantages, this EU's **multi-instrument approach** burdens Member States with mastering the intricacies of each fund and creates a complex landscape. The multitude of programs with diverse objectives makes it challenging to identify and access funding for crucial systemic health reforms. More specifically:

- **The multitude of funds with diverse objectives creates a complex and fragmented landscape.** This makes it challenging for officials in Member States to identify and access funding that may be used for health systems reforms. Additionally, many existing funds prioritize specific health interventions or infrastructure projects, neglecting broader systemic changes essential for long-term health systems resilience. This sub-optimal alignment between EU funding priorities and the need for comprehensive, systemic reform of national health systems ultimately limits the effectiveness of EU investments in strengthening healthcare.
- **The obstacles to be overcome are of different kinds and may be cumulative.** They can be grouped in four categories:
 1. **A complex and rigid landscape:** Identifying and accessing the right funding stream can be challenging due to the intricate network of funds with varying eligibility criteria, objectives and application processes. Moreover, the various EU funding programs sometimes lack coordination, resulting in overlapping objectives and occasional duplication. The operating rules of EU instruments are not very flexible and often have a long lead time between applying for and receiving funds. This can discourage some Member State officials from applying.
 2. **A limited reform focus:** Most EU funding programs prioritize funding for isolated interventions or infrastructure projects. This focus on individual aspects neglects the broader systemic changes crucial for long-term health systems resilience. A possible solution could be blending different funds. Yet, national administrations often lack the deep understanding of EU regulations and the skills needed to combine funds effectively for addressing and financing complex health reforms. Beyond the complex rules, managing multiple funding streams with different requirements can create significant delays, add administrative complexity and hinder the agility needed for successful blending.
 3. **Mismatched priorities:** EU funding priorities might not always align with individual Member States' unique challenges and needs, leading to a mismatch between available resources and critical health system reform requirements.
 4. **Bureaucratic burden and expertise gap:** The application process for EU funds can be cumbersome and time-consuming. This complexity can be particularly burdensome for Member States' ministries of health with limited administrative resources, hindering their ability to compete for funding. In addition, many stakeholders, including national and regional health authorities, lack the necessary knowledge and expertise to identify and navigate the most suitable EU funding opportunities. This capabilities gap can significantly limit some Member States' ability to manage complex projects. Countries with weaker administrative systems or limited project management expertise can struggle to meet the EU's standards.

1.4 Addressing health reform challenges with EU support

Member States' Ministries of Health face a dual challenge: navigating the complex landscape of European health funding, and independently designing evidence-based reforms with robust cost-benefit analyses that align with both national and EU funding opportunities. Several approaches can be considered to address these challenges: while strengthening the Ministries' internal capacity through expert recruitment or hiring consultants may be the ideal solution, budgetary constraints and in some case the absence of relevant expertise limit this option in many countries. Additionally, private consultants often lack specific experience in navigating the complexities of contemporary health system reform initiatives and / or the complexities to the EU funding programmes available.

A more efficient solution, and one which can benefit all Member States, lies in pooling expertise and fostering knowledge sharing on health reforms at the EU level. This approach can be particularly helpful considering the European Commission's (DG REFORM's) existing role in supporting EU countries to design and implement socio-economic reforms, including those related to health systems, as part of their efforts to support job creation and sustainable growth.

DG REFORM manages the EU's TSI to support Member States in designing, implementing, and improving reforms across various policy areas, including health³³. With a larger budget compared to its predecessor program (the Structural Reform Support Programme 2017-2020), the TSI offers technical support in various forms such as strategic advice, research, capacity building, and expert consultations. More generally, the TSI objective is to assist national authorities in improving their capacity to design, develop and implement reforms, and prepare, amend implement and revise recovery and resilience plans. This demand-driven instrument allows Member States to identify their specific reform challenges and request tailored support throughout the entire reform process, from initial design to implementation. It aims to improve national authorities' capacity to design and implement effective reforms, including those financed through the RRF.

By offering a combination of expertise from the European Commission, other Member States, and external sources, the TSI plays a significant role in supporting Member States in achieving their reform goals. It operates in yearly cycles with a general call for requests alongside dedicated calls based on emerging needs. This structure is adapted to structural reforms that often require months of preparation. However, under the current system, shifting political landscapes and priorities, unforeseen health needs, or emerging issues identified outside the application window, cannot be easily addressed by the TSI until the following year's call for proposals. The typical six-month gap between submitting an application for technical support and the actual project implementation phase, might also sometimes impact the responsiveness of the TSI to rapidly evolving needs.

There is nonetheless some flexibility, as DG REFORM can organize additional dedicated call for requests in response to emerging exceptional needs among Member States, such as, for example, the war of aggression in Ukraine. However, as indicated by the TSI project beneficiary Member States, this may not always seem sufficient to national authorities.

Furthermore, the TSI flagship projects (based on annual priorities) can be challenging for Member States' health authorities. Designed to address key reform priorities across Member States, they offer valuable pre-defined support packages. But despite a flexibility clause, their pre-determined nature presents a challenge as the needs and socio-economic contexts of the 27 Member States can vary greatly. This means the flagship projects may not always perfectly align with a Member States' unique context or reform priorities.

DG REFORM has been successful in implementing the TSI, as demonstrated by the fact that Member States are extensively using it, despite it not specifically focusing on the demand for health reform. However, there is room for creating a more flexible service to support health systems' reforms and their funding, which would effectively complement the existing capabilities of the TSI.

³³ https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/technical-support-instrument/technical-support-instrument-tsi_en.

1.5 Conclusion: The challenge of unlocking EU Support for national health reforms

Europe's healthcare systems are under significant strain due to a multitude of converging challenges such as: an ageing population, healthcare workforce shortages, the need for digital transformation, the impact of climate change on health, fiscal constraints, and the complexities of implementing universal health coverage. These challenges necessitate structural reforms and investments that can be supported, in part, by EU funds and instruments, alongside national resources. Despite information on the various EU instruments being readily available and up to date, navigating these options, while also navigating national funding schemes, is burdensome. National Contact Points, established in Member States offer some support, but the sheer volume and complexity of EU funding options can still be an obstacle for the health authorities at national, regional or local level.

Since 2010, the EU's framework for economic and social policy coordination has aimed at fostering collaboration between Member States and the Commission on national health system effectiveness, accessibility, and resilience. The Commission actively supports EU countries through this process by providing analysis, forecasts, and concrete recommendations for improvement³⁴. Additionally, the Commission offers financial assistance to strengthen the capacity of national institutions responsible for implementing these reforms. This financial support is channelled through various funding instruments, such as the EU4Health program and the TSI.

While DG SANTE and DG REFORM provide valuable support to Member States in their health reform efforts, their current scope and resources are not sufficient to address all Member States' needs. Challenges include:

- **Limited support for national health reform preparation and financing:** Despite Member States retaining the freedom to submit requests in any domain, securing resources for complex national health reforms' preparation and financing remains a challenge. While TSI projects offer valuable support, the limitations of the instrument, in particular the annual call structure might not fully align with the evolving needs of Member States undertaking such reforms.
- **Navigational Complexity:** The existing framework of EU funds and support instruments remains challenging for the health sector, despite good availability of information about individual funds. The absence of tailored guidance and the fact most of the funds are not really designed for the health sector creates significant obstacles for institutions in charge of health systems, even if the Member States can benefit from the support of national contact points for several EU funds.

Recognising these limitations Austria, Belgium, and Slovenia have embarked on the implementation of this pilot project, to **test the flexible support provided by an "EU Health Resource Hub"**, which emerged as a timely and targeted solution for their needs.

This should not, however, prevent the Commission and the Member States from considering other options to reach this objective, such as simplifying the operating rules of existing funds or streamlining and simplifying tools such as the TSI. Or, indeed, making them easier for health officials to identify and providing easier access to the resources they offer. Similarly, facilitating the blending of available tools and funds would be an important step forward. Earmarking part of each fund's resources for healthcare reforms would be another politically powerful option. Exploring these avenues, which are independent of the proposal to create a Hub, will require political choices that go beyond the scope of this report.

Nevertheless, the Hub serves a **dual purpose** by acting as a new service for Member States, while also paving the way for ambitious transformations in the existing landscape. In all cases, the "EU Health Resource Hub", is not intended to replace existing funds, but to facilitate their access and use.

³⁴ https://health.ec.europa.eu/state-health-eu_en.

Chapter 2: Testing the Concept of a Hub to Support Health Reforms in Member States

The TSI project proposed by Austria, Belgium, and Slovenia sought to empower these Member States to implement reforms that promote investment and competitiveness. It also, ultimately, sought to promote sustainable economic and social convergence, resilience, and recovery. Beyond these general objectives, the project provided tailored support in three key areas:

1. **Investment Case Development:** The project provided tools and technical support to help the three Member States develop a compelling case for the investments in health reforms they were seeking.
2. **Reform Design and Implementation:** Austria, Belgium, and Slovenia received assistance in designing, developing, and implementing reforms tailored to their specific needs.
3. **Hub Concept Testing:** The project served as a pilot to test the "Hub" concept as a model for supporting reform efforts.

The lessons learned from the implementation of activities in the above key areas feed into the further development of the Hub concept as presented in this report.

2.1 Strengthening investment justification: Building Capacity for Health Reforms (TSI Project Workstream 1)

One key element for health authorities preparing health reforms is presenting a strong investment case within government. This means being able to demonstrate the planned reform will have a positive impact on the health of the population and presenting a credible cost/benefits analysis. The first workstream of the TSI project (WS1) addressed this by strengthening the capacity of the Ministries of Health in Austria, Belgium, and Slovenia to make the case for public investment in health by enabling them to present evidence of the socioeconomic benefits of ongoing or planned investments. More specifically:

Austria: The focus was on testing a Health Impact Assessment (HIA) for Primary Health Care Units (PHCUs) – a key component of Austria's ongoing healthcare reform aimed at shifting care from inpatient to outpatient settings. This involved collaboration between the Ministry of Health and the National Public Health Institute. SEO conducted workshops and consultations to equip participants with HIA skills applicable to their ongoing healthcare reform efforts. SEO presented an HIA on the roll-out of PHCUs in Austria in June 2024. It also organised a capacity-building workshop.

Belgium: Recognising the importance of HIAs, the Belgian Institute for Health (Sciensano) sought to establish a dedicated Unit to conduct regular HIAs. A pilot project analysed the health impact of a policy measure on reducing the number of tobacco sales points, which is being implemented as part of the inter-federal plan for a smokefree generation. SEO provided training and guidance to build capacity within the Sciensano pilot team, that then carried out the analysis and is developing a manual for conducting HIAs. Additionally, SEO collaborated with Sciensano and the Ministry of Health to create a document outlining how HIA can be better integrated into future evidence-based policy-making processes.

Slovenia: Needing broader capacity building, Slovenia opted to have experts in healthcare financing trained in health economics and health care financing, particularly for conducting high-level impact assessments as part of their legislative and budgetary processes. SEO delivered training sessions and developed a guidebook on selected topics in health economics and health financing identified as critical for Slovenia's legislative and budgetary process.

The implementation of these activities offers valuable insights when considering the establishment of an EU Health Resource Hub:

- **Need for Capacity Building:** The activities highlighted the demand within EU Member States for capacity building in HIA, financial impact assessments, and cost-efficiency analysis.
- **Benefits of Expertise:** In some countries, specialized consultants can significantly enhance a ministry's ability to prepare realistic reforms.
- **Dissemination of Knowledge:** The training content and tools developed in such initiatives can be disseminated and utilized by other countries.
- **Varied National Resources:** The activities also revealed a disparity in resource availability across Member States.

This underscores the potential value of a Health Resource Hub in providing tailored support to EU Member States, considering their individual needs and contexts.

2.2 Testing the concept of a Hub with pilot initiatives (TSI Project Workstream 2)

The TSI project's second workstream (WS2) involved the establishment of a pilot EU Health Resource Hub, with Expertise France playing a central role. This Hub supported three Member States – Austria, Belgium, and Slovenia – in securing EU funding for national pilot initiatives related to health system reforms:

- The greening of the Austrian hospital sector, and thereby contributing to climate change mitigation and adaptation. This is to be achieved through policies and investments that co-benefit climate and health and reduce the ecological footprint of the health system. Support is provided in the selection of appropriate EU funding sources and the coordination of the preparation of applications to the selected funds for several hospitals.
- Supporting Belgian policymakers in developing an inter-federal Population Health Management (PHM) strategy and initiating a preparatory phase for the future development of dashboards to support PHM, and in identifying relevant EU funding.
- Supporting the implementation of the Slovenian primary health care strategy, by identifying relevant sources of EU funding for its different components and supporting the preparation of specific projects to be financed by EU funds. These included: development of a protocol for telephone triage in primary care centres and training of staff to apply it; mapping of Member States' initiatives for electronic services for primary care that support self-care and direct the patient to appropriate assistance and organizing exchanges with Belgium in order to assess the benefits of creating a national primary care centre.

According to the original design of the TSI project, the goals of this workstream included:

- **National Competence Networks (NCNs):** Expertise France would help each Member State design a National Competence Network (NCN) – a structure bringing together key actors involved in conducting the respective national pilot initiatives.
- **Pilot Projects and EU Funding:** Expertise France would assist these Member States in identifying national projects within their pilot initiatives that could receive EU funding through a pilot EU Health Resource Hub.
- **Pilot Hub Support:** Expertise France would act as the pilot Hub, providing guidance and services to the Member States' NCNs. These NCNs would serve as the main contact point between the pilot Hub and the national projects seeking funding.

This approach aimed to improve Member States' access to and utilization of EU funds for sustainable health system investments. However, the original plan encountered challenges:

- **Varying Degrees of Project Maturity:** Austria, Belgium, and Slovenia arrived at different stages of project development. Austria had a well-defined project ("Greening Healthcare Facilities") focused on climate change mitigation, ready for testing the possibility of accessing EU funding. Belgium aimed to implement a new integrated care plan ("Implementing Population Health Management Approaches"). Slovenia focused on reforming its primary care system through a telephone triage system ("Strengthening Access to Primary Care"). The heterogeneity of the projects and their varying levels of maturity meant a standardized, "one-size-fits-all" approach was not appropriate.
- **Shifting Focus:** The focus of WS2 shifted from establishing the pilot Hub to supporting individual Member States' efforts.

Despite the challenges, certain positive outcomes emerged:

- **Identification of EU Funding Options:** The European Observatory on Health Systems and Policies produced a valuable report ("EU resources for investing in and strengthening health systems") that identified potential EU funding sources for each country's pilot project, aiding the Member States in navigating EU funding options. However, to maximize its effectiveness, this inventory would require ongoing updates and even more granular details that were beyond the scope of the pilot project: for example, some funding programs comprise sub-programs with varying operational rules.
- **Moving Forward:** The pilot Hub initiative, while encountering challenges, provided valuable insights. The different stages of project maturity in each country, and the heterogeneity of projects, highlighted the need for a flexible approach to support Member States' diverse needs in health system reform.

In more detail:

The Austrian pilot initiative: "Greening Health Care Facilities"

The Austrian pilot initiative was on the greening of the hospital sector. The initiative aimed to contribute to climate change mitigation by strategically aligning policies and investments that improve both environmental and public health outcomes. The maturity of this initiative meant it was well positioned to make a swift application for EU funding. Expertise France facilitated the process by recruiting SOLVE Consulting Austria, that already partners with Austrian health authorities to support the coordination of the application preparation. However, the responsibility for drafting the actual EU funding application remained with the Austrian authorities. Within the framework of the Austrian pilot initiative, Expertise France received 23 project proposals for green investment projects from eight healthcare facilities and hospital carriers. In coordination with the Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG) and the Austrian Research Promotion Agency (Österreichische Forschungsförderungsgesellschaft-FFG), the three most promising projects were selected as pilot projects for submission to the EU's LIFE programme³⁵. The first application of the project of the Regional Hospital Carrier of Tyrol (Tirol Kliniken) was submitted in September 2023. Although it was not successful, useful feedback was collected and a resubmission of this project is planned in September 2024. At the same time, after a detailed evaluation, a further hospital carrier is currently preparing their application to be submitted in September 2024.

The support provided by Expertise France to the selected organisations involved in these pilot projects included raising awareness of relevant EU funding opportunities and eligibility requirements, provision of expert guidance and application reviews for selected projects, excluding the actual drafting of the submission for funding, which remained within the responsibility of the Austrian authorities. It further encompassed assistance in analysing the potential for "bundling" smaller projects from multiple facilities into a single, EU-eligible application, as well as

³⁵ The LIFE programme 2021-2027 is the only EU funding programme entirely dedicated to environmental, climate and energy objectives. See https://single-market-economy.ec.europa.eu/industry/strategy/hydrogen/funding-guide/eu-programmes-funds/life-programme_en.

support in improving coordination between healthcare providers, funding experts, and public entities to streamline access to EU funding.

The newly established Department for Healthcare Financing and International Affairs within the Federal Ministry for Social Affairs, Health, Care and Consumer Protection has played the role of national counterpart for the Expertise France pilot Hub. However, seeking a more extensive NCN function, Austria is currently receiving consultancy support to design a robust national structure, which would be enabled to act as the national counterpart for the future EU Health Resource Hub. This support focuses on two key areas: i) definition of the Department's role and structure within the Ministry, including responsibilities, workflows, development of employee training plans, and of a comprehensive change management plan, and ii) provision of guidance on collaborating with Austria's National Contact Points (NCPs) for EU funding.

This initiative proved to be a model case for a pilot project, demonstrating its maturity and readiness for implementation.

The Belgian pilot initiative: "Implementing Population Health Management (PHM) approaches for integrated care"

The pilot initiative in Belgium focuses on supporting the development of tools to contribute to PHM as a key element for the successful implementation of Belgium's new Inter-federal Plan for Integrated Care³⁶. PHM also aligns with the country's e-health roadmap, which emphasizes its role in risk analysis, informed policy decisions, and prevention measures.

Given the current fragmented health data landscape in Belgium and the absence of a single dashboard which brings together up-to-date health/well-being and social data aligned with the Quintuple Aim³⁷, there is a need for the development of a digital dashboard to support PHM at a loco-regional level with the aim of improving integrated care.

Thus, the Federal Public Service Public Health, Food Chain Safety and Environment (FPS Health) requested support from Expertise France (operating as the pilot Hub) in the preparatory phase for the future development of a dashboard to support PHM. Expertise France in collaboration with the European Observatory was also tasked with facilitating knowledge sharing and exchange of views among experts and policymakers on PHM. This collaborative effort sought to support the collective definition and vision development for a future inter-federal PHM strategy for Belgium.

An identification of relevant EU funding opportunities for the pilot initiative was carried out. Initial adaptations were also considered during the scoping phase to ensure a good fit between the activities of the pilot and the funds available. Moreover, a meeting bringing together several national focal points of relevant EU funds was convened.

Development of digital tools for PHM: Despite an alignment between national and EU objectives and priorities related to supporting digital health infrastructures and creating a European Health Data Space (EHDS), the RRF was the only funding source that proved successful in supporting the pilot initiative's objectives on development of a dashboard to support PHM. Thus, following the technical preparatory phase with support from the TSI project (pilot Hub), work on the fully fledged development and implementation of a digital dashboard will be carried out and financed through RRF funds earmarked for ehealth projects: in particular, those related to integrated care, as set out in Belgium's national Recovery and Resilience Plan.

³⁶ On 8 November 2023, the signature of a Memorandum of Understanding (MoU) took place between federal and federated entities, greenlighting the launch of a new Inter-federal Plan for Integrated Care in Belgium (https://www.inami.fgov.be/SiteCollectionDocuments/plan_interfederal_soins_integres_rapport_final_interfederaa_l_plan_geintegreerde_zorg_protocole_08112023.pdf). As per agreement seven of the MoU, the federal authority, and the federated entities plan to develop a population management strategy as part of the implementation of the Inter-Federal Plan for integrated care.

³⁷ The Quintuple Aims are improving population health, enhancing the care experience, reducing costs, addressing clinician burnout and advancing health equity. See Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: A new imperative to advance health equity. *JAMA*. 2022;327(6):521-522.

With regard to the objective of facilitating exchanges of views on PHM, as an initial step towards preparing an inter-federal PHM Strategy, the requested support focused on the technical development of a reform project in its initial stages rather than technical support for an application for EU funding.

Belgium is not planning to establish a NCN at this stage but intends to strengthen its national capacities and to improve the exchange of information between the National Focal Points of the various EU funding instruments, with respect for the shared responsibilities between federal and federated governments.

The Slovenian pilot initiative: “Strengthening access to primary health care outpatient clinics through a telephone triage and advice system”

Slovenia’s pilot initiative focuses on interventions that contribute to increasing the accessibility of primary healthcare services. It focuses, in particular, on strengthening infrastructure to manage patient needs remotely for people with limited digital literacy. It also addresses the need to develop the staff capacities and skills needed to manage a telephone triage system and ensure quality care for all. This pilot initiative is aligned with the newly developed “Strategy for the development of health activities at the primary health care level by 2031”, which aims for equitable, person-centred care with a focus on prevention, quality, and digital transformation.

The focus of Expertise France’s intervention as the pilot Hub had to adapt to the evolving reform process. Initially, the project aimed to define a telephone triage and advice system and develop a national call centre for primary outpatient health care. However, with separate efforts already underway on IT systems to manage patient interactions, and with the feasibility of creating a national call centre uncertain, the project focus shifted. Its aim became to develop a protocol for handling non-urgent calls in primary healthcare centres. With the publication in February 2024 of Slovenia’s “Strategy for the development of health activities at the primary health care level by 2031”, Expertise France’s support pivoted to align with the new priorities and needs in this strategy:

- **EU Funding Analysis:** Identifying specific actions within the strategy eligible for EU funding and creating a roadmap or securing that support, including application procedures and deadlines.
- **Patient Call Protocol:** Preparing a patient call handling protocol based on best practice tailored to the Slovenian context, and serving as a foundation for planning human resources, training, and digital/technical support.
- **EU Best Practices:** Mapping existing EU tools for handling patient needs, including online patient empowerment tools for symptom assessment (e.g., Finland’s OMAOLO application).
- **Knowledge Exchange with Member States on the creation of national primary care centres:** Organizing exchanges to learn about national primary care centre creation process.
- **Investment Justification:** Developing arguments for investing in this health system reform and its key elements: i.e. call-management protocols, online patient tools, and a primary care support and development centre.

The Slovenian Ministry of Health’s European Funding Office acted as the primary counterpart for the pilot Hub, without establishing a formal NCN for EU funding support. This reflects the ongoing development of the Hub concept and the specific needs of Slovenia’s reform process.

2.3 Lessons learned from the pilot initiatives

While a comprehensive evaluation of the pilot initiatives and NCNs will be conducted after finalizing this report, some preliminary insights can already be gleaned from the pilot experiences regarding the effectiveness of a Health Resource Hub and NCNs.

The diversity in content, maturity levels and administrative context of the national pilot initiatives provided a unique opportunity to test different support models and approaches, thereby demonstrating the importance of flexible and dedicated support tailored to the context and maturity level of each reform initiative. Each initiative focused on different objectives, with the aim of enhancing the overall performance and effectiveness of the healthcare systems in the project beneficiary Member States.



2.4 Designing a Central EU Health Resource Hub for the 27 Member States: Exploring Options

Based on the suggestions made by the three Member States, Expertise France drafted scenarios for the central Hub (Health Resource Hub) and facilitated discussions on these options from October to December 2023. SEO Amsterdam Economics then analysed the scenarios, which were shared with the three beneficiary Member States.

The three scenarios considered were the following:

1. **Baseline Scenario (No Change):** This scenario assumes that the current TSI project would be completed, but beyond that there would be no further changes in Member States' options for sourcing reform support.
2. **Enhanced Support Scenario (Advisory Hub):** This scenario introduces an advisory Hub to bolster the overall reform support framework. This Hub would:
 - Assist Member States in defining and developing health reforms.
 - Provide guidance on sourcing EU funding for these reforms, offering a comprehensive catalogue of funding options and contact points within EU services.
 - Function as a "horizontal" hub, advising on various funding options (including optimal blending) rather than being tied to a specific funding source (cf. an advisory hub related to, for example, the EIB).
 - Potentially collaborate with the TSI framework to advise on health reform design and execution (similar to the pilot projects in Belgium and Slovenia) while avoiding duplication of services.
3. **Comprehensive Support Scenario (Direct Funding Assistance):** This builds upon the second scenario by additionally offering direct support to Member States in guiding them through the process of applying for financial resources for reform implementation. This would involve:
 - Training programs, events, and capacity building initiatives.
 - Networks, possibly including communities of practice, to connect Member States with relevant expertise.
 - Short-term funding to contract external experts who can assist Member States in navigating the process of applying for financial resources – similar to the support provided to Austria (this support excludes drafting the actual funding application, which remains the responsibility of national authorities).

Moving Forward with the Comprehensive Support Model

In their February 2024 meeting, the project's Advisory Group reviewed a preliminary assessment of scenarios developed by SEO Amsterdam Economics. They opted to pursue the third scenario, which provides the most comprehensive level of support as desired by the three participating Member States. The next chapter provides a detailed analysis of this comprehensive Hub model.

2.5 Conclusion: Insights from the pilot project for designing an EU Health Resource Hub

The TSI project beneficiary Member States presented **pilot initiatives at different stages of development**, highlighting the need for a flexible approach. The **pilot Hub demonstrated flexibility**, by adjusting to Member States' evolving needs throughout the pilot implementation. It also proved its **responsiveness** by promptly delivering tailored support upon identifying needs, working collaboratively with beneficiaries.

The pilot activities underscored the **demand for capacity building within Member States**. Workshops on Health Impact Assessments (HIAs) and training in health economics proved valuable. The future Hub could offer similar programs to strengthen national expertise.

The **pilot Hub facilitated valuable experience sharing**, such as the Slovenian Ministry of Health's request for expertise exchange with other Member States, such as VIVEL (Flemish Institute for Primary Care) in Belgium. The **NCN initiative**, intended to enhance EU health funding access, had mixed results: it has been clear from the beginning that the pilot Hub needed a national counterpart, but establishing a formal NCN service model required further exploration due to resource limitations within health authorities and the need for adaptable approaches within diverse national health structures.

The **recruitment of National Coordinators** by Expertise France, based within Ministries of Health, emerged as a critical success factor. These part-time personnel played a vital role in establishing communication between the pilot Hub and the beneficiary countries and refining the pilot initiatives.

Leveraging the pilot Hub's experience, the project has opted for a comprehensive support model for the central EU Health Resource Hub. This model goes beyond advisory services, offering direct assistance in securing financial resources. Member States would also benefit from capacity building, networking opportunities, and access to short-term expertise. This enhanced approach aims to significantly strengthen their ability to implement crucial health system reforms.

Chapter 3: Proposal for an EU Health Resource Hub

This chapter is a presentation for a possible future Hub serving the EU's 27 Member States. The proposals put forward are grounded in the lessons learnt from the pilot TSI project and are tailored to address the challenges that Member States encounter in implementing structural healthcare reforms. These proposals are intended to support the EU Commission in establishing the EU Health Resource Hub.

While numerous information services exist within the EU, they often lack the depth and interactivity needed for true advisory support. These services frequently focus on a single funding instrument, which makes it hard for them to take a holistic approach to health reform financing. Drawing on lessons from existing hub models and discussions with the three beneficiary Member States and the European Commission, this chapter outlines the core principles for establishing the Hub, the services it should offer, its governance structure, its funding model and other essential operational elements. Nonetheless, it is important to recognise that experience from existing advisory models may not directly applicable to the EU Health Resource Hub. The Hub is a new service, with a different scale and objectives than the examples provided below. To provide relevant guidance and support to Member States navigating the complexities of EU funding available for health investment, the Hub will need also to focus specifically on the challenges and complexities unique to the health sector.

3.1 Designing the EU Health Resource Hub: Inspiration from existing models

The concept of the Hub is not entirely novel. Existing advisory models within the Commission and other institutions offer valuable insights. The three advisory services briefly described here offer examples of various characteristics and ways to organise this kind of support service.

InvestEU Advisory Hub

The InvestEU Advisory Hub is a platform managed by the European Commission and financed by the EU budget. It serves as a central entry point for project promoters and intermediaries seeking advisory support and technical assistance related to centrally managed EU investment funds. The main purpose of the Advisory Hub is to connect project promoters and intermediaries with advisory partners, who work together to help projects reach the financing stage. Its role is to support the identification, preparation, and development of investment projects across the EU. The Advisory Hub, along with the InvestEU Portal, aims to strengthen Europe's investment and business environment.

The InvestEU Advisory Hub is structured as follows:

- A central entry point for the provision of advisory support services and project development assistance for authorities and project promoters, and for financial or other intermediaries for centrally managed EU programmes
- Advisory initiatives under the four InvestEU policy windows as well as under a cross-sectoral/ horizontal advisory component

It is an interesting example for the EU Health Resource Hub as it provides similar services (advisory service that may be used for accessing multiple EU funds).

The InvestEU Advisory Hub was established in 2021 through the Founding Regulation of the InvestEU Programme³⁸. The current hub is the successor of the European Investment Advisory Hub (EIAH), which was created in 2015. EIAH's activities, from its creation to the end of 2018, were assessed by the European Court of

³⁸ Regulation (EU) 2021/523 of the European Parliament and of the Council of 24 March 2021 establishing the InvestEU Programme and amending Regulation (EU) 2015/1017 (<https://eur-lex.europa.eu/eli/reg/2021/523/oj/eng>).

Auditors, with conclusions that are relevant for the EU Health Resource Hub³⁹. The Court has found that even if EIAH met the goal of providing tailored advisory services to the high satisfaction of beneficiaries, “it did not have a sufficiently clear strategy or establish the criteria and procedures for targeting support where it could potentially add most value to the supply of investment projects”.

Also, the Court found “limited evidence of the Hub having made a significant contribution to the supply of projects suitable for investment by the end of 2018. The Hub had insufficient procedures for following up the investments resulting from the Hub’s assignments during the period, which made it difficult to monitor and evaluate the Hub’s performance in this regard. The Hub had also completed too few assignments, by the end of 2018, to have made a significant contribution to boosting investment”.

These risks – lack of strategy, lack of procedures, lack of monitoring and evaluation, limited number of applicants – will need to be acknowledged and managed by the EU Health Resource Hub.

SOCIEUX+

SOCIEUX+ EU Expertise on Social Protection, Labour and Employment is a facility for technical cooperation between public and social partner peers established and co-funded by the EU⁴⁰. The general objective is to expand and improve access to better employment opportunities and inclusive social protection systems. Based on the peer exchange model, SOCIEUX+ shares knowledge and experiences through short-term missions and activities. These aim to enhance the capacity of beneficiaries to design, manage, and monitor inclusive, effective, and sustainable employment strategies and social protection systems.

While SOCIEUX+ primarily addresses social protection, labour and employment outside the EU countries, it offers some valuable lessons for the EU Health Resource Hub. Like the envisioned Hub, SOCIEUX+ operates on a demand-driven basis, tailoring its services to partner countries’ specific needs. Additionally, it leverages expertise from various institutions, fostering a diverse knowledge base.

SOCIEUX+ stands out for its user-friendly approach. It offers:

- **Simple and Rapid Procedures:** public institutions and social organisations can easily access SOCIEUX+’s services for micro-projects through streamlined procedures which minimize bureaucratic hurdles.
- **Unique Governance Structure:** Unlike Commission-directed hubs, SOCIEUX+ is a technical cooperation facility set up and co-funded by the EU through the European Commission’s Directorate-General for International Partnerships (INTPA), the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR) and the governments of France, Belgium and Spain. The facility is implemented by a partnership composed of Expertise France (the partnership lead), the Belgian agency for International Cooperation on Social Protection (Belincosoc), the Belgian Development Agency (Enabel) and the International and Ibero-American Foundation for Administration and Public Policies (FIIAPP).
- As part of its strategy to foster peer-to-peer international cooperation among public institutions and social partners, SOCIEUX+ has established **partnerships with collaborative institutions**. These are public or mandated institutions in EU member states with recognised expertise.

This combination of easy access and a collaborative governance model creates a highly responsive and efficient technical cooperation facility. This flexible model can be an inspiration for the design of the future EU Health Resource Hub, as can be SOCIEUX+’s successful approach to microprojects.

³⁹ European Court of Auditors Publications Special Report 12/2020: The European Investment Advisory Hub: A limited economy booster so far (<https://op.europa.eu/webpub/eca/special-reports/eiah-12-2020/en/>).

³⁹ <https://socieux.eu/about/>.

⁴⁰ <https://socieux.eu/about/>.

Enterprise Europe Network

The European Commission launched the Enterprise Europe Network in 2008⁴¹. It is funded through the Single Market Programme (SMP). The Network is based on a grant that is implemented by the SMEs Executive Agency (EISMEA).

The Enterprise Europe Network supports small and medium-sized enterprises (SMEs) in accessing and applying for various EU funding programs. The network helps companies transform research into market-ready innovations and offers resources to support breakthrough technologies in entering European markets.

Key services include identifying suitable EU funding programs, providing expert guidance throughout the funding process, finding research partners, and offering advice on business innovation strategies. The network can assist in accessing programs such as the European Innovation Council Accelerator, Horizon Europe collaborative research programs, LIFE, Erasmus for Young Entrepreneurs, and initiatives under the Single Market Programme or European Regional Development Funds (ERDF). Additionally, for holders of the EIC Seal of Excellence, the network helps in identifying alternative sources of finance for their projects, particularly those supported by the ERDF.

Member organisations of the Network include chambers of commerce and industry, regional development organisations, universities and research institutes and innovation agencies, who were selected through calls for proposals. The network of local contact points covers all EU countries and 29 non-EU countries. Each country usually has several contact points, numbering over 600 globally.

A call for proposals is underway to establish a new Enterprise Europe Network, which seeks to ensure the continuous functioning of the Enterprise Europe Network from July 2025 until December 2028. The selected consortia will make up the new Network. The budget for the call goes up to 182,5 million Euro⁴².

This network addresses the same type of needs as the planned EU Health Resource Hub: it helps to identify suitable EU funding programs and provides expert guidance throughout the funding process. Even if it is not comparable in terms of size and budget with the planned EU Health Resource Hub, it still offers valuable lessons, particularly regarding fostering cooperation, collaboration, and synergies among member organizations. Additionally, their approach of providing specialized guidance and training sessions is worth considering. Also, the concept of a network appears highly relevant for delivering these types of services.

3.2 Core principles for the establishment the EU Health Resource Hub

The difficulties encountered by Member States in preparing and financing structural healthcare reforms, including those prepared to improve the effectiveness, accessibility, and resilience of health systems in accordance with the objectives of the European Semester, and the experience from the three national pilot initiatives underscores the critical need for a set of core principles guiding the EU Health Resource Hub. These principles would establish a shared vision and framework for collaboration, fostering a productive and impactful relationship between the Hub and Member States.

To this end, the EU Health Resource Hub would operate under the following core principles:

- **Inclusivity (Art. 4(2) TEU):** Drawing on Article 4(2) of the Treaty of the European Union⁴³, the Hub would operate under the principle of equal access for all 27 Member States. This extends to decentralized health

⁴¹ <https://een.ec.europa.eu/about-enterprise-europe-network>.

⁴² <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/smp-cosme-2024-01?isExactMatch=true&status=31094501,31094502&callIdentifier=SMP-COSME-2024-EEN&order=DESC&pageNumber=1&pageSize=50&sortBy=startDate>.

⁴³ Art. 4(2) TEU: “The Union shall respect the equality of Member States before the Treaties as well as their national identities, inherent in their fundamental structures, political and constitutional, inclusive of regional and local self-government”.

systems, where regional institutions responsible for health reforms should also have access to the Hub's services. This recognizes and respects the inherent national identities and fundamental structures of each Member State.

- **Respect for National Ownership (Art. 168(7) TEU):** Aligned with Article 168(7) of the Treaty⁴⁴, the Hub should provide **advisory services to support Member States in implementing their own chosen reforms**. The Hub serves as a dedicated resource, empowering Member States to achieve their health reform objectives. This commitment to national ownership extends to the concept of "structural reform". By deliberately avoiding a rigid definition, the Hub grants Member States the flexibility to define their own reform paths, ensuring alignment with their specific national contexts and priorities.
- **The guidance and support provided by the Hub is nonprescriptive.** It is at the discretion of the beneficiaries of support to decide on its adoption and utilization.
- **The Hub is not mandatory for accessing EU funding.** It serves as a **support mechanism available to EU Member States** seeking guidance and assistance with the funding application process but excluding the actual drafting of the funding application.
- **Cross border collaboration, cooperation, synergies and information dissemination.** Embracing the European Commission's commitment to **fostering cross-border cooperation and knowledge exchange in healthcare**, the Hub should facilitate the sharing of best practices and valuable information, to benefit from jointly addressing healthcare challenges.
- **Accessibility and Efficiency:** Building on feedback from pilot project participants, the Hub should **prioritise user-friendliness**. This means facilitating easy access, streamlined processes with minimal bureaucracy and swift response times.
- **Flexibility and Adaptability:** The Hub should be **responsive to evolving needs** and readily adapt its approach. It should utilize internal expertise or external consultants as required to effectively address country-specific requests.
- **Openness to Innovation:** The Hub should **embrace innovative solutions** and continuously explore ways to improve its services and support to Member States.

3.3 The services provided by the Hub to the Member States

Leveraging insights from consultations with the Member States and the Commission's services in the pilot initiatives, as well as from the analysis of the existing advisory services, it is clear the planned Hub's model should be to provide a comprehensive service. This has been agreed upon with the TSI project beneficiary Member States and encompasses two key components: proactive general services and tailored support upon application. In more detail:

General Services: Proactive and broad services available to Member States across the EU

- **Information and dissemination activities throughout the EU:** awareness building on EU policies and tools with an impact on health systems, organization of information events, providing access to information on relevant EU programmes, organized in cooperation with the relevant services of the EU Commission. This could also include the dissemination of information regarding instruments that could possibly be used to support structural reforms in the context of the European Semester.

⁴⁴ Art. 168(7) TEU: "Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them".

- **Networking activities:** provision of exchanges between relevant stakeholders at EU level and linking Member States with similar reform plans to encourage collaboration, cooperation and synergies between them through projects supported by the Hub.
- **Capacity building activities:** Support in building institutional and administrative capacity in financial management, regulatory aspects and sector related technical expertise by providing training, seminars, workshops, webinars, networking events, study visits, and other activities to support exchange of expertise and lessons learned from past experiences between Member States. All these activities would be organized in cooperation with the relevant services of the Commission and international partners (e.g., the World Health Organization, the European Observatory on Health Systems and Policies, the Organization for Economic Cooperation and Development, the European Centre for Disease Prevention and Control) to create synergies and avoid duplication of capacity building efforts.

Tailored support: Customized assistance upon application from Member States, outlining their desired investment/reform and funding needs

Project Development and Funding Identification

- Support applicants in identifying and developing concrete project proposals, including defining the exact scope of the project for which funding is needed, in order to meet the overarching reform and investment objectives and targets. This would be done in a way that complements the TSI.
- Once the scope is agreed, support the applicant in elaborating the concept into a set of well-defined components and activities undertaken with the requested investment.
- If it has not already been determined by the applicant, support in the detailed budgeting of the reform or the investment, by contributing to the determination of the budget of the individual sub-projects and/or components inherent to a project, and to the identification of links to existing projects (e.g. links to RRF investment).
- Screen and identify the potential Union funds and other sources of financing (such loans) that could be used to finance a specific type of reform or investment, based on the requirements and eligibility criteria of each fund, and the constraints in terms of co-financing. This would be done using, as a starting point, a 'catalogue' (online database) of relevant EU funds and instruments. This would be a follow-up on the mapping prepared by the European Observatory of Health Systems and Policies during the project and would cover funds directly and indirectly managed by the European Commission.

Project Optimization and Application Support

- Provide advice on project design to improve their access to funding.
- For each of the potential EU funds that could be used for the investment, provide in-depth analysis of the requirements and eligibility criteria in order to identify the ones that are most suitable and fit in the phase or the timeline of the reform process. This will include consideration of the form of support (grants, prizes, repayable assistance and financial instruments, or a combination thereof), taking into account the preferences of the applicant.
- Analyse to what extent the various funds identified could be blended in a way to avoid double funding, given the need to comply with the fundamental principle underpinning the rules for public expenditure in the EU: in other words, that no costs for the same activity can be funded twice from the EU budget. The Hub will make recommendations on the scope for strategic blending of different EU funds.
- Once the potential EU fund(s) is/are identified, analyse the eligibility and suitability in the light of the timeline for the application to the fund(s) (i.e. the calendar for the submission of application and the length of the procedure vs the urgency attached to that investment) in order to determine which fund(s) is/are to be targeted.

- If several different types of investments are envisaged by the applicant, the screening and analysis above would be done as regards each type of investment to allow a comparison between the potential available amounts of EU funds.
- If several different types of investments are envisaged, Member States will be asked to advise on the prioritization of the investments, taking into account the analysis on the requirement, eligibility and timeframe of each.

Application Assistance and Capacity Building

- Provide contact points and support for communication with relevant Commission services when an applicant wishes to exchange directly with the Commission service responsible for a given EU fund to better understand the applicable requirements.
- Capacity building activities for the application process will include: support in building institutional and administrative capacity in financial management; support for regulatory aspects; and provision of sector related technical expertise through providing training, seminars, workshops and networking events; study visits, and exchange of expertise between Member States.
- Provision of technical support for applications for EU funding such as expert advice and trainings. This would include support in preparing the application package and in managing the project portfolio (loans, grants, subsidies, equity), as well as assistance on quality assurance. The preparation of the application package would still remain the responsibility of the applicants, to avoid any potential perception of a conflict of interest: *a Hub operating under the Commission should not be seen as influencing decisions on applications it may have helped develop*. This is also particularly important for Member States or designated public authorities that decide to submit applications without the support of the Hub.

The Hub's services are available to all EU Member States on a purely voluntary basis.

3.4 Proposed status, governance and core operational elements of the EU Health Resource Hub

3.4.1 Status and governance

The reviewed examples under section 3.1 showcase various governance structures for EU advisory services. Since the Hub's primary role would be to facilitate access to EU funding, the three TSI project beneficiary Member States have indicated that a service inside the Commission seems optimal. At the same time, there is a need to ensure the necessary agility with a flexible structure and administration, streamlined processes and procedures and a strong technical knowledge base. Additionally, the ability to engage external experts for punctual services, as seen in the pilot project, is crucial. A close link with the TSI is necessary, to ensure complementarity and avoid duplication between the two mechanisms. These considerations should be taken into account by the European Commission when establishing this service.

The swift creation of the Health Emergency Preparedness and Response Authority (HERA) demonstrates the Commission's capacity for flexibility. In case the Commission opts for a solution with an external body, a close working relationship with the Commission's services should be established. In all cases, the exact definition of this dedicated service should be decided by the Commission.

To ensure comprehensive support, the Hub could build on the services provided by the European Commission under the Technical Support Instrument and should thus maintain close ties with the key Directorates-General of the European Commission, in particular with DG REFORM and DG SANTE, responsible for public health, cross-border healthcare issues and managing EU4Health. Notwithstanding this, the Hub should also develop ties with the DGs that manage the different EU funds of interest for the health sector, such as the Recovery and Resilience Task

Force established within the European Commission's Secretariat-General (SG RECOVER) to steer implementation of the RRF and for coordinating the European Semester, as well as the European Commission's Directorate-General for budget (DG BUDG), given the Hub's proposed role in promoting efficiency and effectiveness in the use of EU funds by the health sector. A link with the advisory services of the European Investment Bank would be useful, as the Member States may use loans for funding health systems reforms.

A more detailed analysis of the possible governance models depending on the status and other organizational aspects of the Hub will be presented as part of the strategic action plan for upscaling the pilot "EU Health Resource Hub" towards a sustainable "EU Health Resource Hub" accessible to all 27 MS, which will be prepared at a later stage.

3.4.2 Accessing Hub Services: Who, How, and Prioritization

This section addresses a critical aspect of the Hub: how Member States and relevant institutions can access its support.

Who can apply?

The EU Health Resource Hub aims to serve as a valuable resource for public institutions shaping and implementing health system reforms across the EU. To ensure alignment with national health policies, only public institutions responsible for healthcare or health policy can directly request Hub services, as it is the case with the TSI model. This typically includes national Ministries of Health or regional health authorities where regions are competent in the field. However, Member States can designate public institutions within their jurisdiction that are eligible to present specific reforms or investment proposals for Hub support. This flexibility would allow the Hub to address a broad range of needs while Member States would maintain national oversight.

It should be noted that, like with other EU mechanisms, there is a distinction between the institutions presenting the request for support (Ministries, regional authorities where applicable, or designated public institutions), and the ultimate beneficiaries. For example, for the pilot initiative in Austria, the Ministry of Health submitted the support request, while the management teams of hospital providers benefited from the application preparation support.

Assessing requests for support at national level

The TSI project beneficiary Member States emphasized the importance of easy access and flexibility in terms of the content of their proposals. Thus, support requests to the Hub should be concise, e.g. consisting of a note outlining the support needed and the reform(s) targeted, with the relevant documentation attached (such as a strategy, an action plan, a decision, a law, etc. linked to the reform).

To optimize the process, a filter would be implemented by the relevant health authority (Ministry of Health, or regions when they are the sole competent authority for health), with the possibility of support by the established National Counterpart (see below section 3.4.3), to ensure that all requests sent to the Hub:

- come from what the relevant Member State regards as a competent body;
- align with the services the Hub offers;
- comply with EU legislation and policies,
- constitute an element of a structural reform; and
- are consistent with relevant national priorities and strategies (or regional priorities and strategies in countries where the regions are the sole competent authority for health), to be transferred to the Hub with the request.

Assessment and prioritization of requests

Following receipt of an application, the Hub would engage in a collaborative dialogue with the requesting authorities to conduct a comprehensive assessment of each request. By engaging in this comprehensive assessment, the Hub aims to ensure that each project is well-defined, has a clear path to success, and aligns with the requesting Member State's specific reform needs and available resources. Thus, this assessment would focus on the following key areas:

- **Clarify Needs and Objectives:** The Hub will work with the requesting authority to fully understand their specific reform goals, desired outcomes and any potential challenges. This collaborative approach ensures the Hub provides the most relevant and impactful support.
- **Evaluate Resource Requirements:** Together, the Hub and the requesting authority will assess the resources needed from both parties. This includes identifying the types of expertise, data, or tools required to support the reform effort.
- **Develop a Realistic Project Scope:** Through discussions, the Hub and the requesting authority will jointly define the specific activities, deliverables, and resources required for the project. This approach fosters shared ownership and increases the project's chances of success.
- **Establish Clear Timeline and Roadmap:** The Hub will work with the requesting authority to develop a clear project execution plan with defined milestones and timelines. This ensures transparency and keeps all parties accountable for progress.
- **Identify Potential Gaps:** This may involve identifying any areas where additional expertise or resources are needed from the requesting authority or external partners.
- **Assess Political Feasibility:** The Hub will consult with the requesting authority to understand how the proposed reform aligns with their national/regional health priorities and strategies.

At the same time, the Hub will determine its ability to deliver the requested support based on available resources, expertise, and workload. If the Hub can fully support the request, a formal agreement outlining the project details will be jointly developed and agreed upon with the requesting authority.

While anticipated demand may be manageable in the initial years, the Hub may encounter situations where requests exceed available resources. In such scenarios, a transparent prioritization system as requested by the TSI project beneficiary Member States would be implemented, after the Member State's relevant Ministry of Health⁴⁵ has prioritized its own projects. This prioritization system would emphasize fairness and equitable access, with applications from countries that have received less prior support from the Hub being given more favourable consideration, as well as those projects which have received strong political support.

To safeguard Member State autonomy in healthcare policy and service delivery, the Hub would not establish pre-defined annual or multiannual priorities for accessing its services. This would ensure that Member States retain control over their own health reform agendas. This approach, driven by the TSI project beneficiary Member States, ensures they retain full control over their own health reform agendas, while it allows for greater flexibility and responsiveness to the unique needs and priorities of each Member State.

Operating Manual for the Hub

More detailed proposals regarding the Hub's processes, governance, organization, and human resources will be outlined as part of the Strategic Action Plan for upscaling the pilot "EU Health Resource Hub" towards a sustainable "EU Health Resource Hub" accessible to all 27 MS to be developed upon finalization of this report.

⁴⁵ National or regional depending on the country's health competence structure.

3.4.3 National counterparts for the Hub

The TSI project highlighted the critical role of the Hub's national counterparts (called National Competence Networks or NCNs during the pilot phase) in facilitating access to the Hub's services (detailed in section 3.3) for Member States.

Such counterparts are needed to ensure the dissemination of the Hub's services around the health community, such as sharing the information it provides about EU funding opportunities, or promoting access to training programs, workshops, and seminars run by the Hub. These all help to build the capacity of potential beneficiaries to access and manage EU funds, and include offering training on proposal writing, project management, financial management, and meeting reporting requirements, thereby enabling Member States to effectively draft proposals and manage EU funded projects. These counterparts can also be useful at the national level for following the activities of, and supporting contacts with, the National Contact Points for EU programs. This can assist the Hub in its mission to provide tailored guidance and technical assistance to stakeholders in the application process. It may also facilitate the efficient combining of EU and national funds, instruments and capabilities to support reform initiatives. This can help maximise and coordinate these resources at national, regional and local levels.

The TSI project beneficiary Member States underscored the importance of a flexible approach to national counterpart structures. Each country has a unique political and administrative structure, as demonstrated during the pilot projects:

- Belgium opted not to create a formal structure at this stage, but the International Unit in the Federal Public Service for Public Health played the role of the Hub's counterpart and organised a successful meeting with national contact points for diverse EU programmes. Additional resources have also been allocated to support access to and management of EU projects within the Federal Public Service Public Health, Food Safety and Environment.
- Slovenia decided to adapt the existing organisation of its Ministry of Health to cover these functions.
- Austria is establishing, with the support of the project, a new dedicated department that will take on these functions.

These cases demonstrate that a "one-size-fits-all" approach would not be appropriate or beneficial. Member States should choose the implementation approach that best aligns with their organizational structure and needs, while there should be no obligation to create such a counterpart for countries who do not plan to use the services of the Hub.

When it will be created, the counterpart function could be housed within:

- The Ministry of Health
 - An interministerial department
 - A specialized unit
- Or, alternatively, it could just be a designated staff member (full-time or part-time)

The key recommendation is that designating a national counterpart specifically for the Hub can be highly beneficial. This dedicated resource facilitates communication and collaboration between the Hub and the Member State concerned, ultimately supporting successful reform initiatives.

Furthermore, building upon the success of part-time national coordinator positions within pilot countries, it is recommended to consider the recruitment of part-time coordinators for Member States receiving Hub support for specific reform initiatives. These coordinators, which could be financed by the Hub, would act as vital links, ensuring smooth communication and collaboration between the Hub, national authorities, and project implementers.

At EU level, the Hub will leverage the capacity and expertise of a network of national and possibly regional counterparts. The Hub should actively support this network through knowledge sharing, capacity building initiatives,

and fostering collaboration among counterparts across Member States. This collaborative approach will nurture a strong community of practice, minimizing duplication of efforts, and addressing potential expertise gaps within Ministry of Health departments.

A potential avenue for collaboration exists between the Hub and its national counterparts, with the National Focal Points of the European Public Health Programme (EU4HEALTH 2021-2027). These National Focal Points (NFP4Health) provide an advisory system for equitable participation of all countries in the EU4HEALTH Programme, by offering a shared understanding of the rules and procedures of the Programme, while they potentially maintain knowledge of other opportunities available at regional, national and European level that can complement or better address health projects' needs. A SWOT analysis by the Joint Action on increasing the capacity of National Focal Points (NFP4Health) revealed the potential for significant improvement in the contacts between EU4Health National Focal Points and their counterparts from other funds and programmes and underlined the need to build knowledge and interactions with other programmes, to strengthen national ecosystems capable of leveraging cross-programme synergies for health, and to build a platform for exchange of knowledge and experience⁴⁶. This could be improved through cooperation with the Hub and its national counterparts.

3.5 Links with the TSI, other Commission services, and other organizations

3.5.1 The TSI and other Commission services

The concept of the EU Health Resource Hub emerges from experience with the TSI. While the TSI provides valuable support, the TSI project beneficiary Member States have reported that they can face challenges with its responsiveness and flexibility, and proposed to address these limitations by offering:

- **Enhanced flexibility and responsiveness:** Support requests can be sent throughout the year, for tailored assistance on specific needs. As the possibility to apply without any specific deadline would make the selection extremely challenging because it would be impossible to compare the requests, the strategic action plan for upscaling the pilot “EU Health Resource Hub” towards a sustainable “EU Health Resource Hub” accessible to all 27 MS should propose a mechanism to manage adequately the process and ensure equity.
- **Expanded range of support:** Through the general services described above, and more extensive capacity building and support in view of applications for EU funding.

From the point of view of the TSI project beneficiary Member States, the Hub emerges as a useful complement to the TSI: for example, the TSI can assess and improve project maturity before seeking technical support and access to funding through using the services of the Hub, thus creating a synergistic process.

Under these circumstances, the best approach would be to establish the Hub, and then monitor and evaluate its functioning and performance. This will allow to determine the Hub's success and utility, identify any necessary adjustments, and explore potential synergies with the TSI.

Furthermore, the database of Union funds, to be used for investments into health systems could be managed and updated by the Hub, if the Commission decides to create it as one of its services. This approach was suggested by the TSI project beneficiary Member States, as it would allow for solid relations with relevant Commission's services.

⁴⁶ NFP4Health, DELIVERABLE 5.1, Report on the state-of-play of interactions between EU4Health National Focal Points and National Focal Points/National Contact Points of other health-related EU funds and programmes (https://www.nfp4health.eu/wp-content/uploads/2024/03/NFP4Health_D5.1_v2.1.pdf).

3.5.2 Links with other advisory services

The EU Health Resource Hub must build on the TSI and work closely with existing general and specialised advisory and technical support services, such as the advisory services presented in Section 3.1., in order to avoid duplication and ensure efficiency.

During the initial start-up phase, these services can provide inspiration for designing the Hub's activities and offerings. At the same time, the Hub must actively seek for partnerships with other EU advisory and technical assistance services or instruments, in a spirit of close collaboration, looking for integration whenever possible. This includes sharing advisory tools, information services, and online portals. The Strategic Technologies for Europe Platform (STEP), launched in March 2024, serves as a successful example of a network-based platform utilizing resources from other services.

The TSI project beneficiary Member States have suggested for a specific link to be established between the Hub and the Expert Group on Health Systems Performance Assessment, which focuses its analysis on a different priority area every year based on areas identified as strategically relevant, or with the potential for most impact. In addition, the Expert Group supports tailored activities in countries that are interested, including undertaking performance assessment at national level. Its activities include seminars and workshops to engage policy makers and take place at the request of national authorities. These activities could be included in the Hub portfolio, in collaboration and with the technical guidance of the Expert Group.

Moreover, many Member States have well-functioning national advisory services on specific topics (e.g. research, EDIHs for digital) and funding sources (e.g. Horizon Europe, Structural Funds), which can actively partner with the Hub's national counterparts. This further strengthens the support network available to Member States.

3.5.3 The European Observatory on Health Systems and Policies

The pilot project highlighted the critical role of the European Observatory on Health Systems and Policies in ensuring the Hub's success. The expertise of the Observatory in evidence-based advisory services perfectly aligns with the Hub's need to provide evidence-based recommendations. It would be inefficient for the future Hub to duplicate this capacity: instead, the Hub should be able to access the Observatory's knowledge base through a partnership to be defined by the Commission when establishing the Hub.

The European Observatory's report, produced during the TSI project, offers a list of potential EU funds for health reforms and investments. To effectively fulfil its role and provide the foreseen services, the Hub, as a Commission's service, can leverage this list by creating and maintaining a comprehensive database of these funds. Ideally, this should extend to sub-programs. The Austrian pilot initiative using the LIFE program demonstrates the benefit of such granularity.

3.5.4 Other organizations

As some Member States may rely on loans to finance their health system reforms, the EU Health Resource Hub will need to develop links with the InvestEU Advisory Hub. This body acts as the single-entry point for project promoters and intermediaries seeking advisory support, capacity building, and technical assistance related to centrally managed EU investment funds.

Moreover, for the benefit of Member States, the Hub should actively monitor the activities of international organizations that contribute to health system reforms and investment, such as OECD and WHO.

3.6 Additional considerations for the EU Health Resource Hub

While the core requirements and functionalities of the Hub have been established, further analysis is needed if its creation is approved. Additional aspects to consider include:

- **Annual Reporting and Regular Evaluation:** A robust system for annual reporting and periodic evaluation of the Hub's effectiveness and impact will be needed.
- **Digital Platform:** Development of a user-friendly digital platform. This platform should incorporate interactive features such as search tools, forums for knowledge exchange, and e-learning modules.
- **EU Regulatory Compliance:** The design and operation of the Hub should ensure strict adherence to all relevant EU regulations, including the General Data Protection Regulation (GDPR).

3.7 Conclusion: Building a Bridge: The EU Health Resource Hub - Streamlining Support for Health Reforms

The EU Health Resource Hub offers a compelling solution to the complex challenges Member States face in accessing and utilizing EU funding for health systems reforms. By drawing inspiration from successful existing models, like the InvestEU Advisory Hub, SOCIEUX+ and Enterprise Europe Network, the Hub can become a one-stop shop for comprehensive guidance and support, that would provide:

- **Inclusive and Accessible Services:** Open to all Member States, with easy access procedures and user-friendly technology.
- **Focused on Comprehensive Project Assistance:** Addressing specific needs through project development, funding identification, application assistance, and capacity building.
- **Flexibility and Responsiveness:** Adapting its approach to evolving needs and readily assisting countries throughout the reform process.

The Hub would offer a two-pronged service approach:

- **Proactive General Services:** These encompass information dissemination, networking activities, capacity building initiatives, and collaboration support for health systems and healthcare reforms (also considering alignment with the European Semester's recommendations).
- **Tailored Support:** This service line provides in-depth project development and funding identification assistance in line with Member States' reform proposals, along with project optimization, and capacity building specific to the application process.

The Hub's governance structure and status would ensure agility and expertise. Closely linked to the European Commission, the TSI project beneficiary Member States have emphasised the importance of a dedicated service, allowing for a flexible approach. Public institutions responsible for healthcare and health systems policy can directly request Hub services. A designated national counterpart in each Member State would facilitate communication and collaboration.

To ensure effectiveness, the Hub should actively collaborate with other organizations like the European Observatory on Health Systems and Policies, the InvestEU Advisory Hub, and international entities working on health reform. These considerations should also play an important role in the discussion on where to position the Hub institutionally.

By establishing the EU Health Resource Hub, the EU can empower Member States to overcome funding hurdles and navigate the path to successful health system reforms. This, in turn, will contribute to a healthier and more resilient European population.

The Hub's Value Proposition

<p>Bridging the Information Gap</p>	<ul style="list-style-type: none"> Existing information services often lack depth and interactivity, focusing on single funding instruments rather than providing a holistic view. The Hub will offer comprehensive advisory services, going beyond mere information dissemination. The Hub will guide Member States through the complexities of EU health funding, identifying the most suitable options and facilitating access to them
<p>Streamlining Access and Support to Existing Funds</p>	<ul style="list-style-type: none"> Fragmented funding structures can create confusion and administrative burdens for Member States when navigating EU funding for health reforms. The Hub will act as a one-stop-shop, simplifying navigation of EU funding opportunities for health system reform. The Hub will provide tailored guidance and support throughout the funding process: from identification to application and project development. The Hub will provide capacity building programmes to equip Member State authorities with the necessary knowledge and skills to identify, apply for, and manage effectively EU funding for identified health reforms. This can address potential knowledge gaps within national health agencies.
<p>Enhanced Knowledge and Expertise</p>	<ul style="list-style-type: none"> The Hub will connect Member States with a network of experts in various health and funding-related fields. This allows them to tap into specialized knowledge not readily available within their national structures. The Hub will help Member States access the information and expertise efficiently and avoid duplication of efforts. It will offer shared resources and expertise, foster knowledge exchange and facilitate identification and sharing of good practices.
<p>Enhancing Efficiency and Effectiveness</p>	<ul style="list-style-type: none"> It will leverage the expertise of existing institutions like the European Observatory on Health Systems and Policies. The Hub will facilitate partnerships between Member States, allowing them to learn from each other's experiences.
<p>Fostering Collaboration and Innovation</p>	<ul style="list-style-type: none"> It will connect Member States with relevant international organizations and external consultants for specialized knowledge. This collaborative environment will encourage innovation and the sharing of good practices in tackling health challenges.
<p>Promoting Evidence-Based Decision Making</p>	<ul style="list-style-type: none"> The Hub will offer evidence-based advice, drawing on data and analysis from reputable sources. It will support Member States in developing effective and sustainable health reforms and investments. This data-driven approach will optimize resource allocation and maximize health outcomes.

Overall, the EU Health Resource Hub can significantly empower Member State authorities, enabling them to:

- Leverage EU funding more effectively for health systems reforms and investments.
- Develop stronger technical expertise in EU funding mechanisms available to the health sector.
- Implement high-quality and sustainable health system reform projects.
- Achieve better health outcomes for their citizens.

Conclusion

European Member States are proactively preparing their health systems for future challenges and crises. They aim to strengthen resilience and responsiveness to citizens' needs, and seek ambitious, flexible support from the European Commission.

While the European Commission has significantly increased the funding available to the health sector since the COVID-19 emergency, challenges remain and there are limited dedicated resources for structural health reforms. Moreover, Member States face difficulties navigating the complex landscape of diverse funds with varying rules and procedures.

While the financial resources available at European level for health reforms is obviously not a neutral issue, this does not constitute a subject of the reflection undertaken by the three TSI project beneficiary Member States, which led to this report. At an unchanged level of resources, it is necessary to promote synergies, work better and gain efficiencies, that would allow for improved allocation of both European and national resources.

The proposed EU Health Resource Hub emerges as a promising and effective response to these challenges. Piloted by Austria, Belgium, and Slovenia, it aims to:

- **Enhance Resource Mobilization:** The Hub would streamline access to existing EU financial and technical support for Member States undertaking health reforms.
- **Foster Collaboration:** The Hub would facilitate information sharing and best practices among Member States, fostering a collaborative environment for health reform development.
- **Catalyse Transformation:** The Hub would prioritize projects with a high "driving force" for system-wide improvements.
- **Expedite Progress:** By streamlining processes, the Hub would save time for stakeholders involved in health reform efforts.

The Hub aims to offer a tailored support service specifically addressing the unique needs of each Member State undertaking health system reform. This makes the Hub innovative and potentially transformative for all participating countries. Furthermore, it represents a significant potential shift in collaboration for both Member States and the Commission services. Therefore, this project calls for gradual implementation, which will be detailed in an action plan (to be prepared along with a comprehensive Operating Manual for the Hub), to be developed upon this report's endorsement by the TSI project's Advisory Group.

The need to improve the effectiveness and efficiency of health systems across Europe is undeniable. The EU Health Resource Hub can be instrumental in making EU funding for health systems more effective and potentially pave the way for new funding models that encourage a holistic approach. This would ensure that the Hub is not just another tool, but a transformative force in delivering better health outcomes for European citizens.

Subject: AW: Creating an EU Health Resource Hub || version 21.08.2024 (in track changes)

From: "Amrhein, Christina" <Christina.Amrhein@gesundheitsministerium.gv.at>

Date: 21/08/2024, 12:51

To: 'Pinelopi STRAPATSAKI' <pinelopi.strapatsaki@expertisefrance.fr>

CC: "Ventura, Ilana" <ilana.ventura@bmg.gv.at>, "Fornaroli, Paolo" <paolo.fornaroli@bmg.gv.at>, Alain Lefebvre <alain.lefebvre@expertisefrance.fr>, Simon VEITL <simon.veitl@expertisefrance.fr>

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Dear Penny,

thank you for incorporating our feedback, the report is final from our side.

All the best,
Christina

Von: Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>

Gesendet: Mittwoch, 21. August 2024 10:45

An: Amrhein, Christina <Christina.Amrhein@gesundheitsministerium.gv.at>

Cc: Ventura, Ilana <ilana.ventura@gesundheitsministerium.gv.at>; Fornaroli, Paolo <paolo.fornaroli@gesundheitsministerium.gv.at>; Alain Lefebvre <alain.lefebvre@expertisefrance.fr>; Simon VEITL <simon.veitl@expertisefrance.fr>

Betreff: Creating an EU Health Resource Hub || version 21.08.2024 (in track changes)

Dear Christina, Dear all,

Following up on your recent comments on the deliverable "Creating an EU Health Resource Hub," please find attached the updated version of the document, which incorporates all of your feedback (document in track changes to facilitate review).

To ensure a timely validation, we kindly request your confirmation by the close of business today that this revised version is final from your perspective. We plan to formally approve it during tomorrow's bimonthly meeting.

Thank you for your prompt attention to this matter.

--

Kind regards,
Penny Strapatsaki



Penny STRAPATSAKI

Project Coordinator

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Subject: RE: Request for final endorsement of the deliverable "Creating an EU Health Resource Hub" || version 12.08.2024
From: Ann Marie Borg (SPF Santé Publique - FOD Volksgezondheid) <annmarie.borg@health.fgov.be>
Date: 22/08/2024, 13:31
To: Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>
CC: Alain Lefebvre <alain.lefebvre@expertisefrance.fr>

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Green light from BE as mentioned earlier during the call 😊

Ann!

From: Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>
Sent: Monday, August 12, 2024 10:50 AM
To: Ventura, Ilana <ilana.ventura@gesundheitsministerium.gv.at>; Lieven De Raedt (SPF Santé Publique - FOD Volksgezondheid) <lieven.deraedt@health.fgov.be>; Dušan Jošar <Dusan.Josar@gov.si>
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Subject: Request for final endorsement of the deliverable "Creating an EU Health Resource Hub" || version 12.08.2024

Dear all,

Following up on our previous message, please find attached the final version of the deliverable "Creating an EU Health Resource Hub". This version incorporates the latest comments received from Belgium on 26.07.2024 (also attached for ease of reference).

We kindly request your endorsement of this document by **Friday, August 16, 2024, close of business**.

Thank you for your continued cooperation.

--

Kind regards,
Penny Strapatsaki



Penny STRAPATSAKI

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Subject: RE: Updated Deliverable: Creating an EU Health Resources Hub

From: Dušan Jošar <Dusan.Josar@gov.si>

Date: 10/07/2024, 17:38

To: Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>

CC: Mircha POLDRUGOVAC <m.poldrugovac@expertisefrance.fr>, Vesna Kerstin Petrič <Vesna-Kerstin.Petric@gov.si>, Antzela PAJA <antzela.paja@expertisefrance.fr>

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Dear Penny,

Thank you for preparing this document and updating it according to the discussion at the AG. We looked into the report and in we can endorse it. The wording of two paragraphs that we particularly outlined at the AG (at the end of Chapter 'Assesment and prioritization of requests' on the page 35, where prioritization of requests is mentioned and that reforms don't need to be linked to the EU semester or other multiannual priorities) are now changed accordingly.

Kind regards,
Dušan

Lep pozdrav!

Dušan Jošar
Vodja sektorja/Head of Unit



REPUBLIKA SLOVENIJA / REPUBLIC OF SLOVENIA
MINISTRSTVO ZA ZDRAVJE / MINISTRY OF HEALTH

Direktorat za dostopnost in ekonomiko
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From: Pinelopi STRAPATSAKI <pinelopi.strapatsaki@expertisefrance.fr>

Sent: Wednesday, July 3, 2024 5:27 PM

To: ilana.ventura@gesundheitsministerium.gv.at; Fornaroli, Paolo <paolo.fornaroli@gesundheitsministerium.gv.at>; Amrhein, Christina <Christina.Amrhein@bmg.gv.at>; martin.knoll@solve.at; Lieven De Raedt (SPF Santé Publique - FOD Volksgezondheid) <lieven.deraedt@health.fgov.be>; Anne Swalue (SPF Santé Publique - FOD Volksgezondheid) <anne.swalue@health.fgov.be>; Dušan Jošar <Dusan.Josar@gov.si>; JENKO Sasa <Sasa.JENKO@ec.europa.eu>; GELMETTI Simone <Simone.GELMETTI@ec.europa.eu>; GALLOUX Daphne <Daphne.GALLOUX@ec.europa.eu>; Ann Marie Borg (SPF Santé Publique - FOD Volksgezondheid) <annmarie.borg@health.fgov.be>; Mircha POLDRUGOVAC <m.poldrugovac@expertisefrance.fr>

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Subject: Updated Deliverable: Creating an EU Health Resources Hub

Dear all,

We are pleased to submit the updated version of the deliverable entitled "*Creating an EU Health Resources Hub*" for your consideration.

This revised version incorporates your feedback and comments to the previous version of the document, as well as the suggestions provided by the Advisory Group during its 3rd meeting on June 13th, 2024.

We kindly request your endorsement of the updated deliverable by July 10th, 2024.

We thank you for your inputs and your continued support.

Kind regards,
Penny Strapatsaki



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