

# EU4Health Participation Strategy for North Macedonia

Maximizing Return from the EU4Health Programme (2021–2027)

Guidance for the national EU4Health working group.



-  Prof. Monika Simjanoska Misheva
-  ChatMED (GA: 101159214) Coordinator
-  Faculty of Computer Science and Engineering
-  Ss. Cyril and Methodius University



Република Северна Македонија

**Министерство за здравство**

# What is the actual purpose of EU4Health?

## Largest EU Health Programme & Post-COVID Response



- EU4Health is the largest EU health programme ever, created after the COVID-19 pandemic to strengthen European health systems.

## Focus on Capacity Building, Not Research



Traditional Research  
(Horizon Europe)



**Capacity Building &  
Implementation in Health  
Systems**

- Its main goal is not traditional research funding (like Horizon Europe), but capacity building and implementation in health systems.

# Core Objectives



## Strengthen health systems and resilience

- crisis preparedness
- health workforce strengthening
- digital health infrastructure



## Improve disease prevention



- cancer, cardiovascular diseases
- mental health
- rare diseases

## 2. Advance digital transformation of medical devices

- health data interoperability
- European Health Data Space
- cross-border
- health services



## Improve disease prevention

- cancer, cardiovascular diseases
- mental health
- rare diseases



## Ensure access to medicines and medical devices

- shortages
- supply chains
- regulatory coordination



## Support EU-level coordination

- policy alignment
- best practice exchange
- joint procurement and guidelines



Budget:  
**€5.3 billion**  
(2021–2027)

# How is the EU4Health programme structured?

EU4Health is implemented through annual work programmes, mainly through calls managed by European Health and Digital Executive Agency (HaDEA).



# Key Difference from Horizon Europe

| Horizon Europe

| EU4Health

| research & innovation

| implementation & policy



| universities lead

| ministries & public bodies lead



| TRL development

| health system deployment



| scientific excellence

| policy impact



**Ministries, national institutes and health agencies are expected to lead!**

# How should North Macedonia align priorities?

## Common Mistake



A common mistake of new member states is **trying to apply to everything**.

## Recommended Approach



Instead, countries should align with **existing national health priorities** and **EU priorities** simultaneously.

# Recommended Alignment Strategy



## Step 1 — Identify national strategic gaps

-  • cancer screening
-  • digital health
-  • workforce shortages
-  • rare disease registries
-  • mental health services

### Examples:



## Step 2 — Map these to EU priorities

### National Need



cancer registry



telemedicine



medicine shortages

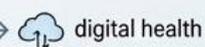


epidemiological monitoring

### EU4Health Priority



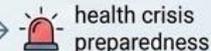
Europe's Beating Cancer Plan



digital health



pharmaceutical resilience



health crisis preparedness



## Step 3 — Target 2–3 themes only

Countries that succeed specialize early.

### Example focus portfolio:

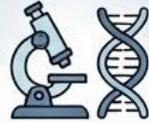
-  • cancer
-  • digital health interoperability
-  • workforce training

# Creating Core National Team (inside Ministry)



**Programme  
Strategist**

**Expertise:**  
EU funding &  
health policy



**Technical  
Health Expert**

**Expertise:**  
disease domain



**Project  
Development  
Expert**

**Expertise:**  
EU proposal  
writing



**Finance/Legal**

**Expertise:**  
EU grants



**Digital Health  
Advisor**

**Expertise:**  
interoperability

**Minimum 5-6 people**



Funded by  
the European Union

# Extended National Network



# International Partners



**Experienced  
EU Ministries**

**Why:**  
Know how to  
coordinate



**EU Public  
Health  
Agencies**

**Why:**  
Policy expertise



**Hospitals**

**Why:**  
Implementation



**Universities**

**Why:**  
Evidence



**NGOs**

**Why:**  
Patient  
representation

**EU4Health Project**



Funded by  
the European Union

# Experienced EU4Health Teams

Countries often collaborate with:



Slovenia



Austria



Italy



Spain



Netherlands



# Who should coordinate proposals?

The coordinator must have policy authority.

For example:

If the project concerns **national cancer screening**, the **Ministry** or **National Cancer Institute** must coordinate.

Universities typically **cannot coordinate alone**.



**Policy Authority**  
(Coordinator)

**Example:**

For national cancer screening, the **Ministry** or **National Cancer Institute** must coordinate.



**Universities**  
(Partner Only)

← Collaborate as partner

Universities typically **cannot** coordinate alone.



# Who Should Be the Actual Coordinator (Person)?

## Ideal Profile



- authority to represent the Ministry



- understanding of the national health system



- experience with EU programmes



- credibility with hospitals and public health institutions



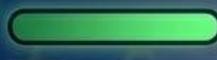
- ability to coordinate international partners

## Position & Typical Suitability



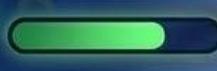
Director of Public Health Directorate

Very strong



Head of EU Projects / International Cooperation

Strong



National Programme Lead (Cancer, Digital Health, etc.)

Strong



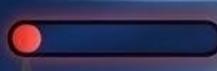
State Secretary responsible for health policy

Possible but usually too political



Minister / Deputy Minister

Rarely practical



# How long does it usually take to win a project?

**2–3 years** before first coordinated project. However countries often join projects earlier as partners.



# Critical Advice (based on experience)

## Most countries fail because they:

-  create only administrative committees
-  do not involve experienced EU proposal writers
-  try to coordinate too early
-  do not build international partnerships

## Success requires:

-  dedicated proposal team
-  international network
-  clear thematic focus
-  ministry leadership

# Examples of successful EU4Health projects



## JA CraNE

**Coordinator:** NIJZ Slovenia.

**Scope:** Pan-European, implementation-oriented Network of Comprehensive Cancer Centres.



## OriON

**Coordinator:** NIJZ Slovenia.

**Focus:** National cancer control programmes.



## PERCH

**Coordinator:** ISS, Italy.

**Type:** National-level public health authority initiative.



## EHDS Digital Projects

**Examples:** Xt-EHR, xShare, XpanDH.

**Focus:** Interoperability, data portability, cross-border health data exchange.



## AUGMENT

**Involvement:** GÖG Austria (National Focal Point).

**Focus:** Biosimilars consortium.

# What Slovenia and Austria are doing right?



## SLOVENIA SHOWS:



- A **national public health institute (NIJZ)** credible enough to coordinate large policy-facing actions (CraNE, OriON).



- Visible role in **cancer-policy implementation**, not just academic research.



## AUSTRIA SHOWS:



- Formal **National Focal Point** anchored in the Austrian National Public Health Institute (GÖG).



- Participation in **high-relevance EU4Health work** (AUGMENT, broader EU health studies).

## THE REAL LESSON: BEYOND AMBITION

So the real lesson is not “be more ambitious.” It is:



Institutionalise EU4Health inside the health system;



Create a stable public-health coordination nucleus;



Build a repeatable national consortium around it;



Use universities & companies as targeted support partners, not as substitutes for ministry ownership.

# What the Ministry should do now?

Inside the Ministry / health system



**Politically Backed  
EU4Health Lead**

Provides strategic direction  
& high-level support.



**Programme  
Manager**

Tracks annual work  
programmes & deadlines.



**Public-Health  
Strategy Lead**

Aligns national health goals  
with EU priorities.



**Finance & Legal  
Grants Person**

Manages budget,  
compliance & grant  
agreements.



**Digital Health &  
Interoperability  
Lead**

Ensures technical  
integration & data  
exchange.



**Partnership  
Officer**

Facilitates outreach &  
collaboration with  
EU partners.