ESI Funds for health

Building knowledge & capacities

Workshop Report

Health System Reform
24-25 May 2018, Prague, Czech Republic

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Introduction

The workshop on Health System Reform in Prague in May 2018 focused on how ESI funds can support reform processes towards effective and resilient health systems and it was organised in collaboration with the Czech Ministry of Health. The event aimed to foster a better understanding of how ESI funds can be used to support reform of health systems to make them more effective and resilient. With the Czech Ministry of Health presenting their ongoing Mental Health Care Reform project, which is supported by the European Social Fund, there was an emphasis on the shift from institution-based health care to community-based care.

The focus of the first day of the event, 24 May, was a peer review of ESI-funded projects that aim to support health system reform. In addition to the Czech Ministry of Health, which presented its Mental Health Care Reform project, beneficiaries of ESI funds in other EU Member States presented their projects focused on health system reform. These included presentations from Latvia, Hungary, Greece, Slovakia and Slovenia. The organisations represented included health ministries, national mental health research institutes, social services implementing agencies, regional health and social services authorities, and service providers (in this case, not-for-profit organisations).

The second day of the event, 25 May, was a workshop involving a wider and more diverse group of participants, including health authorities, managing authorities, project beneficiaries, NGOs and other stakeholders. The purpose of Day 2 was to discuss how ESI Fund investments in programmes and projects can best support health system reform. Keynote presentations from experts in the field from NGOs and a university outlined the policy background and the challenges involved in using ESI funds for health system reform. The Czech Ministry of Health presented on the measures adopted in national reform of mental health care. The workshop included a presentation from the European Commission on EU-level policy developments and a presentation of relevant findings of the ESI Funds for Health project. Breakout sessions focused on in-depth discussions of the practical challenges of implementing ESI-funded projects to support health system reform.

Lessons for future events/projects

Regarding the organisation of the event, the site visit to a mental health centre was useful in providing concrete examples of how health system reform can be implemented. The less formal parts of the sessions, including the networking dinner, the site visit, and the lunch on both days, provided opportunities for like-minded authorities and practitioners to make connections and explore opportunities for future knowledge-sharing. The venue, the Psychiatric Clinic of the Czech General Hospital, had both benefits and pitfalls. The site was a useful illustration of the need for reform, and the room used for the peer review on Day 1 - the clinic library - was conducive to group discussions. However, the room used for Day 2 – the lecture theatre – did not promote group discussions, as the theatre-style format seemed to encourage the audience to take a passive approach to the presentations. It was also noted that more dedicated time for group discussions in smaller groups, particularly on Day 2, would be desirable, as this tended to be where the most useful insights arose (for both the project team and the participants).

Main findings and conclusions

Overview of findings from the desk research and expectations for the event

The ESI Funds for Health project mapped Member State programming and project spending in these areas for the 2014-2020 period to understand the extent to which the funds are supporting objectives relating to health system reforms. The 2017 research mapping projects on health system reform in the Member States identified over 6,000 health-relevant projects, of which 1399 – around EUR 1.4 billion in investments – supported health system reform. This represents 22% of the total number of projects, or around 23% of funds invested.

Within the projects on this theme, there is a notable emphasis on deinstitutionalisation, with a total of 844 projects contributing to some extent to this theme, and within that, on measures for people with disabilities and elderly people. Many of these projects had a broad focus on people at risk of social exclusion, including the elderly and people with disabilities. Reforms to hospital systems, improving primary care and the integration of care were a relatively common theme of CSRs, and around 700 projects focused on supporting the transition from hospital to community-based care. A large number of these projects are focused on providing integrated health services in local health centres. Investments in infrastructure are frequently seen under this theme, with many such investments representing modernisation of premises or purchases of new equipment.

The workshop sought to better understand how Member States conceived and planned projects on health system reforms. Specifically, the workshop explored the following questions:

- What types of activities related to health system reform are easiest to fund and why?
- What are the key factors behind successful health system reform projects?
- How do investments align with EU health policy priorities?
- What factors impede projects that aim to support health system reform?

The answers to these questions, as well as other points that emerged during the discussion are considered critical for the project final report, which aims to draw conclusions about the extent to which current ESIF spending in the area of health supports strategic policy goals, as well as learn lessons about how projects are designed and implemented and draw conclusions and recommendations for how spending can be improved in the area of health.

Key conclusions from the peer review/Day 1

The presentations on Day 1 identified several challenges in using ESI funds for health system reforms. Key amongst these challenges was achieving political support for the reforms. Many projects discussed the efforts and time needed to secure political support for the reforms. In some cases, the availability of Structural Funds for reforms was seen as an important factor for securing political support, as were Country Specific Recommendations. Even then, however, there can be many different and often contradictory understandings of what reforms are needed. This was seen in the peer review itself, where there were notable divergences in approaches. There can also be resistance to change from the medical community, which in some cases was overcome through identifying champions within the community and building the knowledge of medical practitioners.

Balancing infrastructure investments with 'soft' investments, such as building service provision and training staff was a critical issue. The shift away from hospital-based and institution-based care should, in theory, entail a reduced need for infrastructure investments. However, there may be a transition period where parallel systems need to be maintained, staff need to be trained, and primary care needs to be strengthened - structural funds can be useful here. Convincing national central agencies (i.e. finance ministries) of the merits of soft investments was reported to be a challenge – in one case, the finance ministry set a threshold of 20%, beyond which additional justification was required. It was mentioned that the strong economic case in support of the reforms, in addition to the human rights argument, could be useful for these purposes.

The challenge of sustaining impacts beyond the duration of the project was seen in several projects. Often, institutional barriers prevent this, for example, in two cases there were disagreements about who would be responsible for funding services in the long-term, leading to the strong risk that services would cease at the end of the ESI funding.

Many good practices and success factors were also identified. Investing time and effort in building the necessary political support was seen as critical but can take a long time – decades in some cases. Genuine stakeholder involvement is seen as crucial to ensuring investments achieve their intended impacts, particularly regarding monitoring, as in some cases stakeholders have concerns about the transparency of projects.

Combining ERDF and ESF funding was seen as an important factor in successful projects, particularly as it helps to achieve a balance between infrastructure and soft investments. The Czech project itself presented what appeared to be a successful example of blending investments to ensure that infrastructure investments genuinely contribute to the overall reform objectives to achieve a long-term shift. Other good practices involved the use of a joint operational programme for both funds.

Aligning national policy objectives with ESIF priorities was seen as a successful approach to securing ESI funding while also ensuring investments contribute to EU-level policy objectives. Communicating health policy goals in terms that are understood by other national ministries, e.g. population ageing, was also seen as a means of building support from proposed investments.

Building a strategic health system reform agenda was seen as essential to ensuring coherence across investments, rather than taking a project-by-project approach. This can involve building on the outcomes of earlier pilots and studies to demonstrate the benefits of reforms. This can be a successful way of using structural funds, which are ultimately project-based, to test and pilot approaches that can be built up into a broader reform agenda.

Key conclusions from the thematic workshop

The discussions in the thematic workshop identified several key conclusions.

- There is a need to identify and support reform 'leaders', for example, through knowledge-sharing, guidance, twinning or site visits. Participants noted that reforms require capacity-building, both at the practitioner level and at the policy-making (i.e. ministry) level. ESI funds can be useful here.

- Guidance from the Commission has been useful in triggering reforms. This includes written guidance, *ex ante* conditionalities, and effective engagement with Commission staff, as well as more practical documents such as the European Expert Group Toolkit for Deinstitutionalisation. Where Commission desk officers have a good understanding of the policy objectives, they are able to better engage with the Member States to improve projects. However, concerns were raised that the *ex ante* conditionalities are not really being met in a genuine way – it was suggested that in some cases national health strategies developed in accordance with the conditionality do not really set out strategic reforms.
- The need for 'evidence, not tradition' was mentioned, and there was broad agreement that there is a need for authorities to develop indicators that better measure the impacts of investments on the quality of life of users. It was also mentioned that indicators that could measure coordination between services would also be useful.

Annex 1: Peer review presentation and discussion summaries (Day 1)

The peer review day was structured as follows:

- Introduction to the issues concerning health system reform, as illustrated in the Czech Ministry of Health's efforts to reform the mental health care system. The morning session included a presentation and discussion on the needs and challenges in transitioning from institutional to community-based care, the specific situation in the Czech Republic, and the use of ESIF to achieve health system reforms. Following discussions, participants toured the psychiatric clinic and visited the occupational therapy centre, which had recently been built with funding from the Norway Grants programme[1].
- Presentations of ESI-funded measures that support the reform of healthcare systems in other Member States, this part included presentations of institutions benefiting from ESIF from Latvia, Hungary, Greece, Slovakia and Slovenia.
- Discussions of good practices and challenges took place throughout the day.
- After the peer review, the group visited the Fokus Mental Health Care Centre.

Presentations

Introduction and welcome: Sarah O'Brien, Milieu

- The event was opened by a representative of the project leader, Milieu, with a short welcome speech, outlining the purpose, planned outputs and the project's objectives.
- She noted that the host project 'Mental Health Care Reform in the Czech Republic' was an important example of ESI-funded projects supporting the transformation of health care systems, specifically in line with EU policy objectives regarding deinstitutionalisation and building the effectiveness and resilience of national healthcare system. The workshop provides an opportunity for practitioners in other EU Member States to exchange good practices and lessons in this area.

Presentation: 'Mental Health Care Reform in the Czech Republic': Jan Pfeiffer, Ministry of Health, Czech Republic

- Mr Pfeiffer gave an overview of the Czech project, noting its substantial contribution to changing an institutional approach to mental health care in the country. The availability of ESI funds helped support political willingness for national decision-makers to reform of mental health care system in the Czech Republic.
- The project aims to replace institution-based care with a community-based approach, strengthening collaboration with non-health sectors (e.g. social services), mainstream services (e.g. housing, education).
- Challenges encountered by the project include:
    - Achieving support from leaders in the policy and political fields – it took some years before the support was in place.
    - Resistance to change from within the health care community, who were more likely to support a medical, institution-based approach to mental health care.

[1] More information available here: https://eeagrants.org/project-portal/project/CZ11-0016

- Lack of genuine representation of stakeholders in some parts of the process (e.g. monitoring of results).

- The successes of the project to date include transition towards cross-sector collaboration, greater inclusiveness and integration with mainstream community resources, coordinating ESF and ERDF funds, and capitalising on political support. A key successful aspect of the Czech project was that it took a system-wide approach, within the context of a national strategy for mental health care reform. ESF was used for training, quality standards, multi-disciplinary cooperation, ring-fencing of social and health-care funding, regional plans; ERDF funds were used to support infrastructure in general hospitals and equipping community mental health centres. As a result, the number of beds in institutional mental health care facilities is slowly going down, accompanied with building up alternative care places. Factors that enabled this success include:
  - Strong political leadership.
  - The introduction of mandatory health insurance and co-payments from patients, which saw the number of hospital beds decline.
  - Relatively strong users and family members' involvement in the reform process.

Discussion

- The discussions that followed focused on challenges, successes and lessons in using ESI funds for health system reform.
- Regarding challenges:
  - A key challenge in using ESIF for health system reform, and particularly deinstitutionalisation, is that, historically, Structural Funds have been used to build institutional care facilities, which can worsen the situation and lock-in institutional care over the long-term.
  - The challenges in health system reform are extremely complex. Many ESIF projects do not address the entire health system and therefore do not have an impact beyond the life of the project. There are many successful examples in each Member State, but they are often small and do not address entrenched system-wide issues.
  - It was noted that monitoring and indicators still often focus on measuring the quality of services, rather than the quality of life of the affected population. Most countries have not yet been able to develop meaningful monitoring indicators, although it was noted that there has been work in this area by, for example, the OECD.
- Regarding success factors and lessons for other projects:
  - Coordinating investments from ESF and ERDF is a useful lesson that should be replicated in projects supporting transitions from hospital or institutional care to community-based care. Participants from other Member States noted that ESF is more obviously relevant to deinstitutionalisation, as the shift is away from large infrastructure-based health care responses, but infrastructure investments will still be needed to support the transition (e.g. in housing). Also, ESIF can be useful to support Member States during the transitional phase – while ultimately, deinstitutionalisation should lead to reduced health sector spending, there will be a transitional period where expenditure increases due to the need to maintain institutional or hospital-based care while community-based services are establishing. ESIF can be useful here.
  - Many lessons from the mental health field can be relevant to other fields and efforts to reform health systems. For example, documents that share good practices, such as the Deinstitutionalisation Toolkits, would be useful on other areas on health system reform.
  - The engagement of desk officers at DG REGIO has been an important factor in the success of some projects on deinstitutionalisation. It is important that desk officers have the opportunity to build their expertise to be able to critically screen projects. The

participation of desk officers in regular meetings of the European Expert Group on Deinstitutionalisation has helped to build their expertise. The inclusion of thematic ex ante conditionalities on social inclusion and health was intended to encourage desk officer to more critically evaluate whether investments contribute to broader (EU and national) policy objectives.

- It was noted that often a human rights argument is used to support investments in deinstitutionalisation. However, a cost efficiency argument may be more effective with some audiences (e.g. finance ministries), as investments in community-based care should in the long-term lead to cost reductions and improve the financial sustainability of health-care systems. It was agreed that both arguments are important, and cost-efficiency shouldn't be a condition of such investments. The cost-efficiency argument would be stronger if patient outcomes could be factored in, but it is very difficult to measure the utility of these investments to patients.

Presentation: Deinstitutionalisation process in Latvia and project "Kurzeme visiem", Krisitne Karsa, Ministry of Health, Latvia, and Inga Kalnina, Kurzeme Region

- The Latvian Ministry of Health gave a brief overview of health system reform in Latvia. The World Bank has recently carried out an evaluation of health system in Latvia and provided policy reform recommendations – deinstitutionalisation was included as a specific objective here.
- The need for synergies between ERDF and ESF is clear from previous experiences in Latvia – lessons learnt from the previous financing period when outcome was sometimes newly built hospitals with not enough trained staff. ESF can provide funds for training of doctors and nurses and also for social workers – this can be relevant to the deinstitutionalisation process.
- Under the Latvian health reform programme, the Ministry is seeking synergies between ERDF and ESF activities.

Presentation: Kurzeme visiem project, Latvia

- A representative of the Kerzeme Planning Region presented the ESI-funded actions in the region of Kurzeme on reform of long-term care, which are part of Latvia-wide deinstitutionalisation action. Deinstitutionalisation has been a policy objective since 1991; the current reforms started at the end of 2015 and use both ERDF and ESF funds, concerning 115 out of 119 municipalities in Latvia. It was noted that the availability of Structural Funds for health system reform was an important factor in accelerating reforms.
- The project in the Kurzeme region - Kurzeme Visiem'- aims to increase community-based social services available for people with disabilities and for children and their families. The project includes individual assessment and support planning, regional plans for social services, and provision of community-based services.
- The project encountered some good practices and lessons that could be applied in other projects:
  - Investing time and effort in establishing a common understanding of what the reforms are and why they are needed was important.
  - Maintaining flexibility in the project was important. The rules for funding service providers have changed six times to ensure that they meet the needs of service providers.
  - The project learned that health services need to be in place for those leaving institutional care, but not continuously. In some cases, investments were needed in primary care infrastructure.
  - The region has had to work with municipalities in other regions to ensure services are in place for people returning to those municipalities.
- Challenges were also encountered

- The project targets for people leaving institutional care have not been met as expected, as services and housing were not put in place at the municipal level. Successful implementation will need more time.
- Discussions also indicated that a challenge will be sustaining funding after the project, as it is not clear whether the ministries will be willing to step in and fund the services. One option discussed was the use of individualised services and budget – this has been in place in the Czech Republic for 10 years and will be trialled in Latvia in the coming two years. It was also trialled in Slovenia but encountered political resistance.

Presentation: Developing the infrastructure of child and adolescent psychiatry, addiction care and mental health services, Tamás Koos, National Healthcare Services Center, Hungary

- The ESI-funded project in Hungary aims to coordinate investments and actions on child and adolescent mental health services. Many counties currently lack appropriate infrastructure for treating children with mental illness. As a result, children can be treated in adult institutions. There is also shortage of workers and insufficient cooperation between different professionals. The overall aim of the project is to improve mental health of the population under the age 18 through investments in infrastructure and professional development.
- The project duration is from February 2017 to April 2020. It will build or modernize 6 CAP departments with altogether 116 beds, establish increased security beds in 5 regions (all but 1 of convergence regions, develop 12 outpatient departments, deliver professional and community events, develop professional guidelines, and train more than 1,500 local professionals. Online mental health counselling (OLET) is also included in the project. The total project budget is EUR 19 million, with EUR 13.5 million of this allocated to infrastructure investments.
- A key goal of the project is to build collaboration health and social services. One current question is how to measure collaboration between service providers, so that this can be incentivised.

Presentation: Profile, challenges and limitations of mental health centres and the case of MERIMNA, Mary Xenou, Directorate of Public Health & Social Welfare, Regional Unit of Achaia, Region of Western Greece, and Andy Christodoulopoulou, MERIMNA

- Fist, an overview of services for people with disabilities and deinstitutionalisation in the Regional Unit of Achaia in the Western Greece Region was provided by the representative of the Directorate of Public Health and Social Welfare.
- Actions within the Western Greece Region are funded under the ESF project 'Reconciliation and harmonization of family and professional life for people with disabilities for the school years', administered by the Hellenic Agency for Local Development and Local Government SA (EETAA) over the 2015-2019 period under ESF Axis 9iv. The action includes investments in health and social infrastructure that support the transition from institutional care.
- The impact of the economic crisis has been a significant barrier in improving mental health care: demands for mental health services have increased while funding has decreased. In addition, inspections of mental health centres have revealed problems in the implementation of actions (e.g. lack of sufficiently qualified staff, inadequate implementation of procedures).
- Next, a representative of the MERIMNA project provided an overview of the project, funded as part of the regional action. MERIMNA is a non-profit organisation providing creative centres and day care services for people with mental illness. The regional project provides funding for a day-care centre for the 2016-2019 period.
- In the discussions that followed, it was mentioned that the Greek Government no longer intends to fund institutions with more than 25 residential places.

4U – programme for the socialisation, inclusion and support of children and teenagers with mental disability and autism, Katerina Giannakopoulou, ALMA Association, Greece

- An overview of services support by ESI funds in Athens by ALMA was provided. The organisation provides services that aim to keep children with intellectual disabilities or autism in the family, rather than institutions. The services include day care services, outdoor activities, and support for independent living.

Support of nursing services, Implementing Agency of the Ministry of Social Affairs, Labour and Family, Slovakia

- The Implementing Agency presented their project, funded under Priority Axis 4 of ESF, on supporting in-home nursing services in Slovakia. The project was triggered by the observation that institutional care for elderly people had been increasing in Slovakia. The goal of the project was to support elderly people remaining at home for longer by providing in-home nursing services. (People with disabilities are also eligible for the services.) The programme operated by covering the staffing costs of nursing services, delivered primarily by municipalities, from 2015 to mid-2018. The operational phase of the project has now ended, and the results are being evaluated.
- A key challenge in delivering the project is that there is limited collaboration between the health and social sectors in Slovakia, so it was challenging to integrate the in-home nursing services with other health services.
- In the following discussion, the issue of the long-term impact of the project was raised – structural fund investments need to ensure the long-term sustainability of the actions they fund. The investment does not fund services in the long-term; municipality self-governments are responsible for providing these services and it was hoped that the project would build their awareness of this obligation and their capacity to deliver these services. This question of how to support municipalities in meeting growing obligations to provide more services, with limited or no additional funding, was also mentioned in other countries.

Health system reform and long-term care in Slovenia, Tatjana Buzeti, Ministry of Health, Slovenia

- A presentation on the use of structural funds to support health system reforms in Slovenia was then provided. The focus has been to fund 'soft' investments to support overall, high-level policy objectives in Slovenia (e.g. improved quality of life, jobs growth).
- In the earlier programming period (2007-2013), the health ministry took a project-by-project approach. There was no emphasis on coordination or integration of investments during this period. In 2014-2020, a more strategic approach was taken. This approach has been more successful, securing EUR 60 million (EUR 10 million infrastructure; EUR 50 million soft investments) from ESF and ERDF for health investments.
- The health ministry linked health investments to overall challenges facing Slovenia (e.g. population ageing), which helped them to better communicate their project proposals to other ministries within government.
- The ministry has learned that a step-by-step approach can be important, whereby small projects and pilots are funded first, and then scaled up to a broader reform agenda. There needs to be room for mistakes and learning, to support innovation.
- A challenge has been ensuring coherence in service provision across the country – geographical inequalities in health services need to be addressed.
- Regarding reforms to long-term care, pilot projects are being used to test different approaches. This has been necessary to address debates at the political level. It has been important to ensure that patients are given the choice of how they access services – i.e., in an institution or at home.
- The Country Specific Recommendations were a very important trigger in reform of long-term care. There was internal resistance to deinstitutionalisation, but this has been changing.

- Slovenia is working to develop other funding sources to support investments in the long-term beyond the structural funds. The tobacco tax has been an important source of income here. Health insurance funds have been important new sources of funding for mental health care.

Discussions

Key questions and discussion points:

- A key challenge concerned balancing infrastructure investments with 'soft' investments (service provision, capacity building, staff training). The shift away from hospital-based and institution-based care should, in theory, entail a reduced need for infrastructure investments. However, there may be a transition period where parallel systems need to be maintained and structural funds can be useful here, by supporting service provision, strengthening primary care and staff training in both the older institutional system and the new community-based system. However, there can be resistance within parts of government to projects that involve too much funding for 'soft' investments, such as service provision and training. In one country, it was reported that the finance ministry sets a threshold of 20%, beyond which additional justification was required.
- It was noted that often projects are linked to reforms supporting the transition to community-based care, but continue to invest in infrastructure, risking that system-wide reforms will not be achieved.
- A key question concerned how to use the ESI funds to support deeper system-wide changes, reaching out beyond the reform of health care systems in the EU Member States. Some countries experienced success by piloting different approaches, learning from mistakes and scaling-up successes to achieve broader reform. Other countries found success by building knowledge and learning from the experiences of other countries, then adopting a broad reform strategy when the policy environment was right – this approach seemed to rely on the efforts and leadership of local champions for reform.
- Achieving political support for reforms was considered crucial. Often there is opposition to reform projects due to the emphasis on soft investments, or there can be resistance from the medical community. Some factors were considered useful in triggering or building political support: the availability of EU funding specifically for reforms; Country Specific Recommendations. Toolkits and guidelines to steer the transition was considered very helpful.
- It was considered important to have clear, consistent and sustained messages from the EU-level on how the ESI funds should be used– whether through coordinated exchange of good practices in physical or virtual settings, or through conditionalities as part of the ESF and ERDF funding structure.
- Different arguments supporting health system reform can be used with different audiences to secure support for reforms. The right-based argument is important, but in some cases this can be bolstered by the economic arguments demonstrating the cost-effectiveness of reforms.
- Coordination of investments under ERDF and ESF was discussed as a means for ensuring a comprehensive and coherent package of investments to support reforms. This will be an important factor to follow in the current negotiations on the Multiannual Financial Framework 2021-2027.

Site visit

- The group then travelled to Fokus Mental Health Care Centre, where Mr Pfeiffer then provided an overview of how mental health care and case management can be provided in a community-based context.

Annex 2: Thematic workshop presentation and discussion summaries (Day 2)

Presentations and discussion

Introduction and welcome: Sarah O'Brien, Milieu

- Milieu opened the event with a short presentation of the 'ESI Funds for Health' project, outlining the objectives of the project, its main outputs and the purpose of the thematic workshop on 'Health Care Systems Reforms'.

Introduction and welcome: Mgr. Dana Juraskova, Ph.D. MBA, Director, General University Hospital

- Ms Juraskova provided a welcome to the hospital and workshop, providing a brief background on the hospital's psychiatric clinic.

Presentation: 'Health system reform – EU policy background', Sylvain Giraud, DG SANTE, European Commission

- DG SANTE outlined investments financed by ESIF in the health field and how Member State health authorities can be supported to use ESIF to support health policy objectives. The broad range of investments the ESIF funds can support were presented.
- European Commission services are collaborating to support ESIF investments in health policy – this is seen in the Commission guide on ESIF investments in health, ex-ante conditionalities for health, and projects mapping and supporting the use of ESIF in health, i.e. the ESIF for Health and ESI for Health projects). These two projects were briefly presented.
- There are a number of EU-level measures that aim to support national health systems: the policy framework, knowledge brokering projects (e.g. the State of Health in the EU reports), the European Semester process.
- In supporting the reforms of national health systems at EU level, there is a need to discuss similar challenges of health authorities in the Member States, who are operating within a common policy framework and with shared values and objectives (i.e. effectiveness, accessibility, resilience).
- The recently launched 2018 Country Specific Recommendations on health care systems were briefly outlined, where cost-effectiveness, accessibility, disease prevention, workforce planning, out-of-pocket payments and strengthening primary and outpatient care were highlighted.

Presentations: Health system reform needs in the EU, the role of the ESI Funds: The case of the shift from institutional to community-based care in mental health

Presentation: Pavel Novak, Mental Health Europe

- The main findings and conclusions of the 2017 report 'Mapping and Understanding Exclusion in Europe' where presented, giving an overview of the state of play of institutional and community-based services in the mental health field in 36 countries in Europe.
- Since its first edition in 2012, there were only slight improvements observed, with still a substantial amount of people with mental health problems living in institutions across Europe. In relation to the use of EU-funds for deinstitutionalisation, it was noted that while reforms have taken place, their implementation has been lacking and several barriers have been found – poor cross-sector cooperation, lack of human rights compliant community-based services, trans-institutionalisation, and austerity measures reducing the quality of services provided.

- It was noted that ESI funds, and the ESF in particular, promote deinstitutionalisation and policy recommendations for the Commission and Member States were presented, including making deinstitutionalisation an investment priority in the next ESF+ regulations, prohibiting the use of ESI funds for long-stay residential institutions, strengthening monitoring mechanisms for ESI investments and more meaningful involvement of civil society and users.

Presentation: Psychiatric care reform in the Czech Republic - the role of ESF, Dita Protopopova, Czech Ministry of Health

- Ms Protopopova presented on the role of ESF in the actions being taken in the Czech Republic as part of the psychiatric care reform strategy. The reforms are being implemented during the 2017-2022 period, and include measures on deinstitiutionalisation, building of 30 mental health centres, building multidisciplinarity and cooperatin between services, data collection and analysis, destigmatisation and awareness raising, early interventions, and new services (e.g. children, seniors, or outpatients).
- The reforms respond to a number of challenges facing the mental health care system in the Czech Republic. Financing of mental health has been based on tradition, not evidence, resulting in a tendency to fund institutional care. Legislative and funding structures have impeded cooperation between health and social services. Service users have traditionally had little involvement in the planning and provision of services.

Presentation: The role of ESI Funds in the shift from institutional care to community living, Ines Bulic, European Network on Independent Living

- Ms Bulic presented on the role of ESI Funds for Health in supporting the reform of health care systems.
- Issues commonly found in ESI investments were outlined, including: failure to comply with the thematic ex-ante conditionality on deinstitutionalisation; investments that worsen the segregation and isolation of people with disability; inadequacies in monitoring and complaints procedures; limited evaluation of the impact of investments on independent living. In addition, national investments into institutional care continues. Case studies illustrated that ERDF funds in the previous (Estonia) and current (Hungary) financing period are being used to build smaller residential care institutions that replicate many of the problems of large-scale institutions.
- Rather than focusing on renovating or building institutions, including group homes and parallel but segregated services, ESIF investments should support community living, including social housing and improving the accessibility of mainstream services. Success factors of projects that contribute to these objectives include having a clear vision, commitment to change, needs assessment, coordination of operational programmes, and meaningful involvement of users and non-governmental organisations in all stages of ESIF use.

Presentation: Reform without change, Andreja Rafaelic, University of Ljubljana

- Ms Rafaelic presented the challenges faced by Slovenia in its transition towards community-based care, which highlights some of the challenges faced when reforming health care systems. While deinstitutionalisation has been a policy objective for some years, the system tends to be still highly institutions-based, creating a double tiered system and introducing high costs for the health system and barriers for the development of alternatives. Development of community services has not decreased the number of people in institutions - return from community to institutional care are common, community-based services are not accessible to all users, and re-institutionalisation occurs. Over 60% of users are treated in an institution, and costs of institution-based care are four-times that of community-based care.

- The framework for deinstitutionalisation in Slovenia has included: piloting small-scale innovations to be followed by others nationally; setting up firm transformation plans and regional community services; strong coordination provisions; direct community involvement; and a central coordination body.
- The importance of a plan for deinstitutionalisation and supported by a national policy framework. Slovenia is planning to establish a dedicated deinstitutionalisation unit at the Ministry of Health.
- Despite these reforms, there are still significant challenges in Slovenia. New big institutions are still being built and there is strong political pressure for secure units for mental health care, – including for children. It was noted that the EU Expert Group Toolkit on Deinstitutionalisation was not seen by policy-makers as having an official status and was not useful in securing support for reforms.
- ESI funds can be useful for building the community-case system, but the availability of funds creates the risk that they will be misused to support institutional changes.

Presentation: ESI Funds for Health: overview of statistics and findings, Zuzana Lukacova and Sarah O'Brien, Milieu

- Milieu presented some outcomes of the project's review of ESI-funded projects supporting health system reform during the 2014-2020 period. The methodology used for data collection and synthesis was presented. The main outputs include: country factsheets, INTERREG and thematic mapping documents based on Excel database of over 6,000 projects
- A total of 6,414 health-related projects were identified with a total spending of approx. € 6 billion (including € 0.5 billion for INTERREG projects).
- Almost 1400 of these projects, in 14 Member States, related to health system reform with a total investment of € 1.4 billion. Most projects came from Poland, Bulgaria, Lithuania and Greece, with these MS also having the largest budgets. Some MS, like the Czech Republic, with only 86 projects on this theme had a budget of almost EUR 188 million, the second highest amount among the Member States. The Czech projects have an average budget of more than EUR 2 million. Similarly, in Slovakia, while only two projects relating to health system reform were identified, each of these two projects have relatively high budgets (almost EUR 18 million and EUR 50 million).
- When the project dedicated to health system reform were considered in more detail, it appears that deinstitutionalisation measures are the focus of investments.
- The figures raise a number of questions: What types of health system reform activities are most suited to ESI funding and why? How can project-based investments trigger system-wide reform?

Changing thinking, changing systems – project introducing multidisciplinary approach and developing new services in Mental Health Centres in the Czech Republic Jan Pfeiffer, Ministry of Health, Czech Republic

- Mr. Pfeiffer discussed the role of ERDF and ESF in changing health care systems. Structural funds should be used in line with the provisions of the Convention on the Rights of People with Disabilities, specifically Article 19 on the right to live in the community.
- In countries where there is a lack of quality care and support services in the community, OPs should support plans to address the situation of people in institutional care, or those at risk of institutionalisation. OPs should include the output and result indicators related to DI process.
- Successful implementation of DI in mental health care reform includes the following considerations:
    - The problems of institutional settings should not be reproduced in community-based services and EU funds should not be used for the segregation of people.
    - The process should be inclusive, focusing on individual patients' needs – the patient must be at the centre.

- Three-fold change is needed – in thinking, practice and systems.

Discussions

Key questions and discussion points:

- The discussion in the first part of the thematic workshop focused largely on finding out what the key health system reform needs in EU member States are, what the obstacles to achieving transformational change in health systems are, and how these challenges can be addressed, in particular through the use of the ESI Funds.
- Another important challenge identified was the sheer scale of the issue and the reform process it involves – the participants wanted to discuss what exact steps can be taken and where best to start. It was important for the participants to know whether the projects supported so far were really and truly contributing in a significant way to support policy goals they intended to do.
- A number of specific questions and comments were raised:
  - The questions of how different socio-cultural contexts impact deinstitutionalisation in the EU. Eurobarometer polling indicates there are some Member States where there are poor attitudes and high levels of stigma against people with mental illness or disabilities. Community-led development, in the context of ESIF projects, may be useful for overcoming this.
  - Comments noted that the circumstances vary significantly across Member States. Therefore, the approach to deinstitutionalisation should not be a top-down process, projects should be identified at the grassroots-level.
  - The challenges of multi-level governance and the need for coordinating action between the municipal, regional and national levels was raised. A speaker advised that dialogue on objectives is important, so that a shared vision can be achieved *prior to* planning investments.
  - The question of how to engage the industry sector (i.e. private health care providers and construction sector) was raised. It was noted that industry is an important stakeholder – deinstitutionalisation requires a different role for the industry sector. In some cases, there is a need for greater transparency in procurement procedures. Some participants noted successes in working with the ministries responsible for social housing and state-owned buildings or with environmental ministries in developing 'eco-homes' for users. A political-level agreement on deinstitutionalisation can help to ensure a coherent approach to industry.
  - The question was raised of how a Member State should proceed when it has not yet made significant progress on deinstitutionalisation. It is important to start with pilots or reforming small parts of the health sector. Ideally, you would have policy commitment at the national-level, but this is not a prerequisite. Setting the right indicators, including indicators on the closure of institutions, is important. Learning from the practices and experiences in other Member States can be useful. A plan is important, but it is also important to get started so that you can deliver results and start building a stronger case for reform.
  - In terms of how to overcome resistance to reforms within the medical community, it can be useful to find one medical professional who shares the vision and work with them. In the Czech Republic experience, the role of a champion in the medical community was important. Having good examples from other Member States (Trieste, Italy, was mentioned) to help demonstrate the benefits can help.

Breakout sessions

Participants were split into three groups for the breakout sessions:

- Group 1 focused on 'Working with regions and beneficiaries in health systems reform'
- Group 2 discussed 'Coordinating health and social services in achieving the shift from hospital and institutional care'
- Group 3 discussed 'Coordinating investments from ERDF and ESF'.

The following general opening questions were raised during each breakout session:

- What challenges have you faced with the topic?
- What conditions supported you or impeded you when facing these challenges?
- What lessons can be drawn?
- If you could send one message to your peers in other Member States and to the European Commission, what would it be?

Breakout Group 1: 'Working with regions and beneficiaries in health systems reform' (Facilitator, Andrea Rafaelic)

- The discussions in this group mainly concentrated on finding solutions to heavily fragmented approaches toward reforming health systems at sub-national level. There is often not enough communication and coordination between beneficiaries and implementing bodies. The group also wanted to see investments become better able to respond to changing needs, such as the current migration crisis (participants in this group were from Italian regions affected by the influx of migrants).
- The main challenges of collaborating with beneficiaries were identified as follows: limited multi-disciplinarity, weak coordination between social and health systems, weak implementation and use of guidelines.
- The group discussed how inequalities in provision of services should be addressed through the funds and how regions' and users' resilience could be boosted during times of economic crisis.
- The discussion revealed several important conditions that support health system reform processes: strong collaboration, including with private sector; strong community participation including civil society and volunteers; political commitment and willingness to change; leadership in European legislation and policy; and comprehensive training of relevant professionals.
- The group concluded with stating strong support to sharing good practices and lessons to support learning.
- The short discussion that took place in this breakout session sparked an intention to collaborate on a small pilot project related to the use of the funds between two Italian regions.

Breakout session 2: Coordinating health and social services in achieving the shift from hospital and institutional care (Facilitator: Laszlo Nemeth, Director General, National Healthcare Services Center, Hungary)

- The discussion started by considering the main issues experienced by the group in coordinating health and social services in the shift to community-based care. All participants agreed that shift to move from institutionalisation to more community-based care is needed.
- A representative from Poland highlighted the role of ESF in supporting community-based care for mentally ill in Poland, one of the criteria for funding is combining medical and social services and involving the users for which the service is intended. In Latvia, there are still many people in long-term care and achieving the shift in thinking and societal attitudes is difficult.

- In Lithuania, there is also a discussion about how to bring health and social services together, while in Romania there is currently no support for deinstitutionalisation in the mental health sector.
- Some common challenges were identified:
    - The resistance of staff and lack of newly trained staff.
    - Integrating services, and linking financing to cooperation
    - Achieving joint decision-making between ministries (e.g. health and social services ministries) - opposition can be high in many MS
    - Shifting thinking to put patients at the centre of decision-making.
    - Political challenges – health and social issues are highly political.
- The discussion moved to good practices and conditions which support health system reform. Drawing on positive examples from other MS can drive change in MS where it has not happened yet. The example of mental health centres in the Czech Republic was highlighted as a good practice; Scotland was also highlighted as a leader in community based psychiatric care.
- Possible good practices that could be replicated include using ESIF funds to support capacity-building, support initiatives emerging at grassroot levels, making alliances with practitioners in other Member States.

Breakout session 3: Coordinating investments from ERDF and ESF (Facilitator: Ines Bulic)

- In general, it was agreed that investments from ERDF and ESF should mutually reinforce the same policy objectives. However, some common challenges in achieving this can be identified.
- A key challenge is the lack of communication between the ministries responsible for each fund – often the ministry responsible for ERDF doesn't have a strong policy focus, which can make dialogue difficult. Some countries have attempted to overcome this divide by requiring a joint operational programme for both funds.
- In some cases, where programming of investments appears to be in alignment, implementation problems undermine the coordination – an example was provided whereby a strategic plan was an eligibility criterion for funding under an ERDF investment, and beneficiaries could use ESF funds to develop the strategic plan. However, the framework for the ESF investment was not in place in time to allow this.
- The coordination of ERDF and ESF investments can support a balance between hard and soft investments. While deinstitutionalisation often entails reduced need for infrastructure investments, there can still be a need for such investments, particularly in making community-based services accessible to people with disabilities. Better involvement of users, and more meaningful indicators can also help ensure the right balance is struck.

Summary and conclusions of the event: ESI Funds support for the health system reform now and after 2020 Sarah O'Brien, Milieu

- Milieu wrapped up the thematic workshop and thanked all participants for their attendance and interest in the workshop.

Annex 3: List of participants

Day 1 – Peer review

	First name	Last name	Organisation	Member State
1.	Kristine	Karsa	Ministry of Health, Latvia	LV
2.	Csaba	Heim	National Healthcare Services Center, Hungary (AEEK)	HU
3.	Laszlo	Nemeth	National Healthcare Services Center, Hungary (AEEK)	HU
4.	Dora	Lampert	National Healthcare Services Center, Hungary (AEEK)	HU
5.	Tamas	Koos	National Healthcare Services Center, Hungary (AEEK)	HU
6.	Katerina	Giannakopoulou	ALMA PanHellenic Association of Adapted Activities, Greece	EL

	First name	Last name	Organisation	Member State
7.	Joanna	Stathopoulou	ALMA PanHellenic Association of Adapted Activities, Greece	EL
8.	Maria	Xenou	Directorate of Public Health and Social Welfare; Public Sector, Prefecture of Achaia, Region of Western Greece	EL
9.	Inga	Kalnina	Kurzeme Planning Region, Latvia	LV
10.	Andy	Christodoulopoulou	MERIMNA, Greece	EL
11.	Anna	Bořiková	Implementing Agency of Ministry of Labour, Social Affairs and Family, Slovakia	SK
12.	Lenka	Kresáčová	Implementing Agency of Ministry of Labour, Social Affairs and Family, Slovakia	SK
13.	Annalise	Borg	Ministry for Health, Malta	MT
14.	Tatjana	Buzeti	Ministry of Health, Slovenia	SI
15.	Andreja	Rafaelic	Faculty for Social Work, University of Ljubljana	SI

	First name	Last name	Organisation	Member State
16.	Jan	Pfeiffer	Czech Ministry of Health	CZ
17.	Zuzana	Laurencikova	Czech Ministry of Health	CZ
18.	Zuzana	Lukacova	Milieu	BE
19.	Sarah	O'Brien	Milieu	BE
20.	Dorota	Sienkiewicz	EuroHealthNet	BE
21.	Sylvain	Giraud	European Commission	EC

Day 2 – Workshop

	First name	Last name	Organisation	Member State
1.	Rafail	BIlidas	Positive Voice	EL
2.	Olga	Blabolilová	Mental Health Care Organization	CZ
3.	Annalise	Borg	Department of policy in health, Ministry for Health, Malta	MT
4.	Ines	Bulic	European Network on Independent Living (ENIL)	UK
5.	Tatjana	Buzeti	Ministry of Health, Slovenia	SI
6.	Andy	Christodoulopoulou	MERIMNA	EL
7.	Magdalena	Flaksová	Fokus Praha	CZ
8.	Sylvain	Giraud	European Commission	EC
9.	Csaba	Heim	National Healthcare Services Center, Hungary (AEEK)	HU
10.	Helena	HerbstovÃ¡	MZ - project Multidisciplinarita	CZ

	First name	Last name	Organisation	Member State
11.	Maddalena	Illario	Campania Regional Council	IT
12.	Martin	Jarolimek	Daily psychotherapeutic sanatorium, Ondřejov	CZ
13.	Dušan	Jošar	Czech Ministry of Health	SI
14.	Dana	Jurásková	Psychiatric Clinic, Charles University Hospital	CZ
15.	Inga	Kalnina	Kurzeme Planning Region, Latvia	LV
16.	Virginija	Karalevičiūtė	Ministry of Health of the Republic of Lithuania	LT
17.	Petra	Kačírková	Lumos	CZ
18.	Kristine	Karsa	Ministry of Health	LV
19.	Klara	Knapkova	Czech Ministry of Health	CZ

	First name	Last name	Organisation	Member State
20.	Dora	Lampert	National Healthcare Services Center, Hungary (AEEK)	HU
21.	Klara	Laurencikova	Czech Ministry of Health	CZ
22.	Zuzana	Laurenčíková	Czech Ministry of Health	CZ
23.	Zuzana	Lukacova	Milieu	BE
24.	Pav	Marek	Psychiatric Clinic Bohnice	CZ
25.	Hana	Martínková	Schuman Associates Consultancy	CZ
26.	Daniela	Matějková	Czech Ministry of Health	CZ
27.	Libor	Menšík	Czech Ministry of Health	CZ
28.	Vlad	Mixich	Romanian Health Observatory	RO

	First name	Last name	Organisation	Member State
29.	Laszlo	Nemeth	National Healthcare Services Center, Hungary (AEEK)	HU
30.	Pavel	Novak	Mental Health Europe	CZ
31.	Blanka	Novotna	Mental Health Center Prague 8	CZ
32.	Sarah	O'Brien	Milieu	BE
33.	Jan	Pfeiffer	Czech Ministry of Health	CZ
34.	Dita	Protopopova	Czech Ministry of Health	CZ
35.	Jiří	Raboch	Psychiatric Department, Charles University	CZ
36.	Andreja	Rafaelic	University Ljubljana	SI
37.	Dorota	Sienkiewicz	EuroHealthNet	BE

	First name	Last name	Organisation	Member State
38.	Anna	Šimonová	FOKUS Vysočina	CZ
39.	Lucie	Součková	Mental Health Care Organization	CZ
40.	Michaela	Urbánková	FOKUS Vysočina	CZ
41.	Banga	Vaitkutė	Ministry of Finance of the Republic of Lithuania	LT
42.	Maria	Xenou	Directorate of Public Health and Social Welfare; Public Sector, Prefecture of Achaia, Region of Western Greece	EL
43.	Veronika	Zagatová	Czech Ministry of Health	CZ
44.	Paweł	Zdun	Ministry of Investment and Economic Development	PL

Annex 4 Event agendas

Health system reform
Agenda: Peer review

Thursday 24 May 2018
Psychiatric Clinic, 1st Medical Facility, Charles University
Ke Karlovu 11, Prague 2, Czech Republic

Time	Agenda
09:00-09:30	**Registration and coffee**
09:30-10:00	**Welcome and introduction** *Milieu*
10:00-11:00	**Presentation of the project: 'Mental Health Care Reform in the Czech Republic'** *Jan Pfeiffer, Ministry of Health, Czech Republic*
11:00-11:30	**Questions and discussion of good practices and challenges**
11:30-12:00	**Guided site tour**
12:00-13:00	**Lunch**
	Peer review – ESI-funded projects in the area of health system reform
13:00-14:00	**Development of social services support system** *Inga Kalniņa, Kurzeme Region, and Kristine Karsa, Ministry of Health, Latvia*
14:00-15:00	**Developing the infrastructure of child and adolescent psychiatry, addiction care and mental health services** *Tamás Koos, National Healthcare Services Center, Hungary*
15:00 – 15:15	**Coffee break**
15:15-16:00	**Profile, challenges & limitations of mental health centers - The case of MERIMNA** *Maria Xenou, Regional Department of Health and Social Welfare, and Andy Christodoulopoulou, MERIMNA in the Development of EU Programmes, Greece*
	4U- programme for the socialisation, inclusion and support of children and teenagers with mental disability and autism *Katerina Giannakopoulou, Alma Association, Greece*
16:00-16:30	**Support of nursing services** *Lenka Kresacova and Anna Borikova, Implementing Agency of the Ministry of Social affairs, Labour and Family, Slovakia*
16:30-16:45	***Health system reform and long-term care*** *Tatjana Buzeti, Ministry of Health, Slovenia*
16:45-17:00	**Open discussion and summary of key lessons learned**

Time	Agenda
17:00-17:15	**Summary and conclusions** *Dorota Sienkiewicz, EuroHealthNet*
17:15-17:45	*Walk to the Fokus Mental Health Care Centre*
17:45-18:45	**Guided visit to Fokus Mental Health Care Centre (Vnislavova 48/4, Prague 2)**
19:00	**Networking dinner – Café Ad Astra (Podskalská 8, 128 00, Prague 2)**

Health system reform
Agenda: Peer review

Friday 25 May 2018
Psychiatric Clinic, 1st Medical Facility, Charles University
Ke Karlovu 11, Prague 2, Czech Republic

Time	Agenda
09:00-09:30	**Registration and coffee**
09:30-10:00	**Welcome and introduction** *09:30 – 09:45 Sarah O'Brien, Milieu* *09:45 – 10:00 Mgr. Dana Jurásková, Director, General University Hospital*
	Part 1: Plenary
10:00-10:30	**Health system reform – EU policy background** *Sylvain Giraud, DG SANTE, European Commission*
10:30-11:30	**Health system reform needs in the EU, the role of the ESI Funds: The case of the shift from institutional to community-based care in mental health** *10:30 – 10:45 Pavel Novak, Mental Health Europe* *10:45 – 11:00 Ines Bulic, European Network on Independent Living* *11:00 – 11:15 Andreja Rafaelič, University Ljubljana* *11:15 – 11:30 Daniela Matějková, Head of Strategy, and Dita Protopopova, guarantor, project Deinstitutionalisation; Czech Ministry of Health*
11:30-12:00	**Questions and discussion** • What are the key health system reform needs in EU Member States? • How can ESI Funds address these needs?
12:00-13:00	**Networking lunch**
13:00-13:30	**ESI Funds for Health: overview of statistics and findings** *Zuzana Lukacova and Sarah O'Brien, Milieu*
13:30-14:30	**Changing thinking, changing systems – project introducing multidisciplinary approach and developing new services in Mental Health Centres in the Czech Republic** *Jan Pfeiffer, Ministry of Health, Czech Republic* **Summary of the peer review discussions** *Dorota Sienkiewicz, EuroHealthNet*

Time	Agenda
14:30-14:45	**Coffee break**
	Part 2: Breakout sessions
14:45-15:45	**Three parallel breakout sessions, focusing on specific aspects of ESI funds in health system reform:** 1. Working with regions and beneficiaries in health system reform *(Facilitator: Andreja Rafaelič)* 2. Coordinating health and social services in achieving the shift from hospital and institutional care *(Facilitator: Laszlo Nemeth, Director General, National Healthcare Services Center, Hungary)* 3. Coordinating investments from ERDF and ESF *(Facilitator: Ines Bulić)*
15:45-16:30	**Summary and conclusions of the event: ESI Funds support for the health system reform now and after 2020** *Sarah O'Brien, Milieu*