



# Workshop Report

‘Health Workforce’

16-17 May 2018, Sofia, Bulgaria

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# Introduction

The first event from the series of six workshops organised within the 'ESI Funds for Health' project took place on 16-17 May 2018 in Sofia, Bulgaria and covered the topic of 'Health Workforce' (i.e. thematic block 6 of the project). It was organised in cooperation with the Bulgarian Ministry of Health and centred around the exemplary ESI funded project 'Specialization in Health' that the Ministry is implementing and which served as the 'host' project for the event. Three members from the 'ESI Funds for Health' project attended the event (Jennifer McGuinn, Rosa Castro and Mariya Gancheva from Milieu) together with two representatives of DG SANTE (Katarzyna Kielar-Kowalczyk and Constantin-Ovidiu Dumitrescu). Deputy Ministry Svetlana Yordanova and Chief Expert of the "International Projects and eHealth Directorate" as well as Project Coordinator of the "Specialization in Health" project also participated and spoke on behalf of the Bulgarian Ministry of Health and presented the project to the audience. In addition to the Milieu team and representatives from the Ministry of Health, two speakers with specialised knowledge of the health workforce planning gave presentations and participated (Marieke Kroezen and Paolo Michelutti).

The event spanned over two days and included a smaller peer review around the host project (Day 1) and a larger thematic workshop (Day 2). The peer review took place on the premises of the Ministry of Health and had 12 core participants from seven Member States. The core participants included two main contact points and coordinators of the host project and representatives of six other Member States (Poland, Latvia, Slovakia, Italy, Estonia and Lithuania) coming from national institutions (i.e. ministries of health, national agencies), several of which are implementing ESI funded projects similar to the host project. In addition, around 17 representatives from the Ministry of Health attended the peer review and two medical students who were beneficiaries of the host project.

The thematic workshop took place at a different, larger venue and had 52 participants, approximately half of which were from Bulgaria while the rest were international participants. The participants at the thematic workshop had different backgrounds and varying experience with the ESIF. There were participants who attended the peer review and generally had more knowledge of the ESIF, representatives of academic institutions, professional associations, Managing Authorities, other ministries and public-sector institutions in Bulgaria and NGOs. A full list of participants who attended the events is contained in Annex 3.

## Key messages from the event

Based on the presentations and discussions, the following are the key messages stemming from the two-day event:

- There are a lot of projects addressing continuous professional training of healthcare workers; it is important that such projects are identified and prepared in a strategic way - many health authorities are doing this, but they lack the data and methods to carry out sophisticated health workforce planning and skills needs assessment and projection.
- While health workforce planning and associated strategic-level work is an important gap in many Member States, the ESI funds are not systematically being used to address this. There is a gap here, which might be due to the lack of capacity in the relevant institutions to understand health workforce planning and prepare projects that would address it. The provision and collection of statistical data are complex national competences and not always easily addressed by projects.
- There is still plenty of room for more international or cross-border cooperation in health workforce planning, including sharing of experience and capacity-building, but also supporting public

institutions to carry out the work. There might be potential for this still in 2014-2020 within the TO 11 on supporting public administration.

- That said, several Member States have had good experience using the ESI funds to supplement the capacity of national health care and education systems to provide both the practical and formal training required to allow health care professionals to qualify as specialists. This is targeting critical health workforce shortages, both in terms of the types of professionals required and the geographical location of professionals.
- In some countries, ESI funds support the provision of financial incentives to health professionals to relocate to parts of the country where there are shortages. This has been successful due to strong project management, as well as consultation with professional associations and other stakeholders on how to motivate health care professionals to participate.
- Ongoing initiatives outside the ESI funds, such as the Joint Action for Health Workforce Planning and the follow-up SEPEN network, can provide possible synergies with the ESI funds to allow Member States to develop effective projects targeting this complex field.

## Lessons for future events/projects

This was the first of the six events, so it was a 'pilot' experience, and the team has learned lessons that can be useful for the future events in this project, as well as for planning future projects with similar aims and activities. Useful lessons to consider in following events include:

- Prepare key questions to guide the discussions, as it is possible that the participants will not have questions after each presentation or that they steer the discussions off-topic. Therefore, it is useful for the moderators to have a list of key questions that can be posed to participants to guide and stimulate the discussions. Ideally, these key questions should be linked to the overall thematic findings from the spending trends and the policy background and aim to get participants thinking and talking about why certain spending trends occur and how things can improve in the current and future programming periods.
- Facilitate discussions in smaller groups - experience of the Milieu team from this and previous events shows that discussions often happen more easily in smaller groups. While the peer review is aimed for a small number of participants that can accommodate round table discussions, it is important that opportunities for smaller numbers of participants are also provided at the thematic workshop. Breakout sessions where all participants are divided into smaller groups of 10-15 are a good way to discuss the key questions and ensure all participants share their views.
- Consider the provision of interpretation services - experience from this event shows that even though the main contact points from the host institution can communicate in English, this may not be the case for other participants from the same institution or the country. It is, therefore, important to discuss this in advance and if necessary, plan the provision of interpretation services at the peer review and the thematic workshop.

# Main findings and conclusions

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

The 2017 research on mapping projects across the EU-28 found that a relatively small number of projects (174 of 6,414 projects or around 3% of all projects) funded so far address the health workforce theme, and that these projects have a relatively high average budget (around EUR 2.1 million). Projects tended to support education and training, either to allow medical professionals to finish their education and practical training or for continuous professional development. Issues related to workforce planning - the data collection and capacities required to understand, project and plan to meet future workforce needs - seemed to be a top priority at EU level, including in the Commission's 2014 guidance on spending priorities, as well as the European Semester recommendations and reports, but did not receive any targeted ESI funding. Other more strategic issues such as workforce retention strategies were also not addressed by the projects funded so far.

The workshop therefore sought to understand better how key projects supporting the health workforce were planned and conceived, namely:

- Which thematic objectives, investment priorities and strategic objectives from the relevant Operational Programmes are addressed through the health workforce projects reviewed at the workshop? What is the rationale behind this? Are there other ways in which these kinds of projects could be designed and supported within the ESIF planning and spending mechanism?
- Which institutions are involved in identifying and developing health workforce projects? Are skills-building projects in particular areas part of a wider national-level strategic approach to addressing health workforce issues? Or does a lack of comprehensive health workforce planning mean that the ESI funded-projects are more ad-hoc attempts to solve locally-identified problems?
- For larger projects, especially those supporting the training and qualification of new health professionals across a Member State, how are these projects designed? What are the key challenges and success factors?
- Are there other important factors that have not yet been picked up by the ESI funds for health project that should be included in the final report on the health workforce theme?
- What can be done in the current and upcoming MFF to ensure key health workforce priorities are supported by the ESI funds?

The answers to these questions, as well as other key issues 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 representatives of seven Member States (Bulgaria, Poland, Latvia, Slovakia, Italy, Estonia and Lithuania) who attended the peer review each presented the somewhat similar key challenges they face in managing and supporting the health workforce - with several country-specific aspects. All of the countries face challenges in getting the right types of medical professionals working in the right locations, compounded by demographics, attractiveness of the sector especially in non-urban areas, migration, and the challenges of having enough data and skills to carry out effective forecasting and planning activities.

All of the peer review representatives came from national health authorities, with responsibilities for ensuring high-quality health care services in the country and in particular the effectiveness of the health workforce. Most of them were also currently managing ESI funded projects addressing the health workforce.

Most of the countries faced challenges in providing the resources and infrastructure required to allow medical graduates to gain the additional practical and theoretical training required to become medical specialists. Without access to affordable and high-quality theoretical training and the ability to earn a living wage while working in hospitals or other medical facilities as residents, medical graduates wishing to develop medical specialties would need to either self-finance their training or try to find options in other EU countries. Several of the countries presented different ways of tackling these issues using ESI funds:

- In **Bulgaria**, the health ministry has an EU 2.5 million project that provides financial support for doctors completing residencies in six advanced medical specialties.
- In **Poland**, a specialized institute for Post graduate Medical Education is implementing an ESIF project that supports the development of specialized education for physicians in almost 80 specialties, including epidemiology and demography.
- In **Latvia**, a major issue is severe shortages of health professionals in areas outside the capital city, and limited incentives for professionals educated in the capital city to then move to other regions to work and live. ESI funds are used to create these financial incentives. A relatively large (EUR 23 m) lifelong learning programme targeting health care professionals is also under implementation; it was noted that the training provided is strategically defined and coordinated by the health ministry.
- In **Slovakia**, a combination of location issues as well as limitations in the capacity of universities and teaching hospitals to provide the necessary education and training to medical specialists. Representatives of other countries presented similar problems, although they did not have dedicated ESIF projects targeting them.
- **Estonia, Lithuania and Italy** presented similar problems but different approaches, and were interested in hearing how the other countries had tackled the issues with the ESI funds.

A few issues common to these varying approaches were raised and discussed during the peer review:

- Most of the health care systems in the countries represented by the peer review seem unable to bear the financial burden of training specialists - either through provision of formal training, or through paying salaries to residents for their services to teaching hospitals. This is a wider issue temporarily addressed through ESI funds, but longer-term sustainability remains a concern.
- The issue of migration of health specialists, especially to countries where wages are higher, was frequently raised while several participants also mentioned that this issue should be understood within the context of the freedom of movement in the EU. Some countries have stipulations within projects that individual beneficiaries should remain in the country (or in a specific region) for a minimum amount of time. Interestingly, Bulgaria, which does not have such a requirement, pointed out that having the ESI support helps keeping medical graduates in the country for the six years of their specialised training, as opposed to going abroad in the first place. Participants noted that this required remuneration (but could also be supported by other types of incentives, such as providing continuous education and facilitating participation of health professionals in scientific projects. This issue remains to be tackled at the strategic level.
- Each of the projects was funded through different thematic objectives and investment priorities as stipulated in the ESIF regulations. Some targeted employment and social inclusion (TO 8) whilst others education, lifelong learning (TO 10). Frequently a fixed amount of money is given to the ministry responsible for health, which then decides how to spend it, including the requisite

consultation and strategic planning. In this sense, each of the countries discussed the extent to which their projects were linked to needs identified in relevant planning documents, e.g.:

- In Poland a policy paper for healthcare 2014-2020 noted the scarcity of specialists and training courses for doctors, nurses and other health professionals). This document highlighted indicated actions needed to address these needs, including the identification of 13 key specialties linked to specific health needs (e.g. geriatric care, paediatrics, family medicine).
- In Latvia, the ESIF project was presented in the context of a current National Health Reform that is taking into account the recommendations contained in an evaluation study of the Latvian Health system done by the World Bank. This evaluation highlighted a need in terms of the availability of health professionals in regions outside the capital.
- In Bulgaria, the 2015 National Health strategy contained a chapter devoted to the development of the health workforce, and all the projects have been implemented in synergy with this national strategy.
- Strategic-level workforce planning is not really practiced in any of the countries present at the peer review, due mainly to lack of data, data collection mechanisms and the skills within institutions to use the necessary models and tools to carry out forecasting and develop policy responses. It was noted that ESI funds could have very high potential to support here but that the relevant institutions would likely need support to prepare such proposals - this could come from the ongoing SEPEN work (see below). Countries were interested to learn about this and to find out more on how they could benefit from the opportunities available.

A number of good practices and success factors were identified and agreed upon during the discussions:

- It is important to integrate specific projects within the context of an overall strategy and planning process regarding the national and regional health workforce (see above).
- Linked to planning, it is important to understand the needs of the health workforce both at national and regional levels. Consultation, for example through key associations or other groups representing health professionals, can provide important insight when planning projects - for example in designing the right amount of financial incentives to ensure uptake of opportunities.
- Project management capacity within beneficiary institutions, especially for large projects, is an important factor. The representative from Latvia mentioned that their project supporting the recruitment of health professionals for regions outside the capital lacked strong project management capacity at the beginning, which resulted in a poor approach to preliminary recruitment of professionals to participate in the project. This was later resolved through a new approach.
- Ensuring the sustainability of the results, including by having access to different sources of funding (e.g. national, European, other grants) and also by keeping all relevant authorities and stakeholders committed to a project or initiative is important. Participants noted that the 'project-oriented' elements of ESI funding - i.e. the need to have clearly stated objectives, activities, expected outcomes and a timeline was often helpful in this regard, even if it requires capacity to get started. In some Member States, ESI funds are used to pilot an initiative and then once it is deemed successful it is take up by national funds (Slovakia).

Finally, the peer review shed light on the preliminary findings of the ESI funds for health project related to spending trends in the area of health workforce. The following key points were raised:

- While the mapping of ESI funded projects in this area showed that there were a lot of seemingly ad-hoc training projects receiving support, the experience of the health ministries from participating countries pointed out that often these projects are in line with dedicated training strategies that map the overall continuing education needs of health professionals. It is not clear,

however, whether this is the case in all countries, particularly those where health workforce training is less of an overall concern.

- As there is no thematic objective directly addressing health, nor any such Operational Programmes, health projects need to target wider objectives. Most OPs related to labour and education/training have provisions related to the health workforce where this is a key problem in the Member State. It is not clear however, whether the health workforce receives the priority it deserves in terms of funding levels in countries where this is a priority challenge (e.g. from those countries identified in the European Semester process as having severe health workforce shortages).
- Discussions at the peer review confirmed the idea that training and education for the health workforce are clearly addressed through spending, but more strategic-level work such as health workforce planning or retention strategies are more difficult to support under the current programmes. This was discussed further in the thematic workshop on the following day.

## Key conclusions from the thematic workshop/Day 2

The thematic workshop had two main parts:

1. Policy challenges and ESI Funds spending - the first part included presentations by the European Commission, the project team and health workforce experts. It focused on presenting the EU policies and activities in relation to the health workforce, the ESIF spending on health and the health workforce (preliminary findings of the 'ESI Funds for Health' project) and the key health workforce challenges that should be addressed in the EU.
2. How can ESI Funds support the health workforce? - the second part of the workshop included presentations of projects implemented by the Bulgarian Ministry of Health, a summary of the peer review day and a breakout session where participants could discuss in smaller groups. It focused on presenting specific examples how the ESIF are used to support the health workforce and discussing how the ESIF can best support the needs of the health workforce.

In contrast to the peer review, the workshop focused more broadly on the health workforce challenges in Europe and the opportunities for the ESIF to address these challenges. European countries face common health workforce challenges that can be grouped as:

- Internal to the health workforce:
  - Shortages of different health professionals;
  - Geographical maldistribution of the health professionals;
  - Skills mismatch;
  - Ageing workforce;
  - Challenges with recruitment and retention.
- External to the health workforce:
  - Ageing of the population and changing care demands;
  - Mobility of the health workforce in Europe;
  - Technological innovation and the ensuing need for continuous professional development.

The spending trends identified during the desk research and the peer review indicate that at the moment the ESIF are primarily used to provide training for health professionals to address shortages of certain medical specialties or to provide financial incentives to target the geographical maldistribution of health professionals. Currently, the ESIF do not appear to support other aspects of retention, health workforce planning or anticipation of the health workforce needs.

Furthermore, financial incentives are very important for attracting new health professionals and stimulating the redistribution of health professionals within the national borders. However, ensuring the longer-term retention of health staff more generally in the sector and country and more specifically in

areas with shortages (e.g. rural areas), financial incentives should be complemented by other incentives and approaches. For example, possible synergies between ESF objectives (which usually focus on the human resources) and ERDF objectives (which often consider regional development in general and can support the development of infrastructure) should be explored in order to provide additional incentives for health professionals to relocate to e.g. less attractive regions.

For the ESIF to help address the key health workforce challenges in Europe, projects offering training and financial incentives can be complemented by projects that focus on health workforce planning as well as retention strategies. In order to understand the health workforce challenges and design appropriate solutions, more data and research is required especially in relation to mapping and understanding the mobility of the health workforce in Europe. This is an area where many Member States lack the expertise, hence the ESIF can support Member States in developing their capacities in health workforce planning (e.g. under TO11: Enhancing institutional capacity of public authorities and stakeholders and efficient public administration) or the application of available good practices and approaches for planning and forecasting (e.g. the results of the Joint Action on Health Workforce Planning and Forecasting). Possible synergies between the ESIF and other EU initiatives on health workforce planning and capacity building (e.g. SEPEN - Support for the hEalth workforce Planning and forecasting Expert Network) should be explored. Territorial cooperation programmes (i.e. Interreg) and other cross-border initiative could also be considered.

Last but not least the programming of ESIF and the design of concrete projects that will be funded should be inclusive and involved relevant stakeholders. Particularly important to consult are professional associations and education institutions that might not only have insights about the needs of the health workforce but may also be the 'owners' of key data required for efficient health workforce planning.

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

The peer review was divided in three parts:

1. Presentations of ESI funded projects that support the health workforce - this included presentation by the host and two other beneficiaries of ESIF from Poland and Latvia.
2. Presentations of institutions from other Member States facing similar health workforce challenges - this part included presentations of institutions from other Member States that do not necessarily implement ESI funded projects in this programming period but are facing similar health workforce challenges as the host. These institutions presented their approaches for tackling the challenges.
3. Summary and conclusions - based on the presentations and following discussions, the concluding part of the peer review sought to summarise the findings and draw lessons to present at the thematic workshop on the following day.

## Presentations

### Introduction and welcome: Svetlana Yordanova, Deputy Minister, Ministry of Health Bulgaria

- The deputy ministry opened the event with a short welcome speech, noting that the host project 'Specialisation in Health' was an important opportunity to boost the capacity of the health workforce in Bulgaria, by creating incentives for medical professionals to finish their specialization and to stay and work in Bulgaria
- She welcomed the opportunity this event would provide to allow her colleagues to learn from the good practices of other Member States in this area.

### Presentation: 'Specialisation in Health' by Antoaneta Dimova, Ministry of Health Bulgaria

- Ms Dimova gave an overview of the host project noting that it supports doctors and dentists to complete their residency training in the following medical specialties: cardiology, ophthalmology, dental medicine, anesthesiology and intensive care, gynaecology and gastro-enterology.
- The project builds on the 2012 - 2015 project 'New opportunities for doctors in Bulgaria' and runs from 2016 - 2019. It supports around 650 doctors with grants covering their residency training fees and, where required (if they cannot get a salary from the hospital in which they are residents) a living stipend. The project is managed via a website hosted by the health ministry, which allows the beneficiaries to handle all administrative requirements and reporting functions.
- The project is funded through the OP Human Resources Development, which is managed by the Ministry of Labour and Social Affairs in Bulgaria, (priority axis on Improving the access to employment and the quality of jobs, IP on lifelong learning and SO to increase the number of people employed in knowledge-based sectors, high technology and ICT, green economy, „white" sector and personal services sector, processing industry with higher value added from labour, creative and cultural sectors). The total project cost is around EUR 2.5 million.
- Based on a questionnaire sent to participating doctors, the large majority of respondents (221/228) stated that they were totally satisfied with the support they received from the project. Two participating doctors were invited to describe their experiences. One mentioned that he had offers to complete his residency from hospitals in Austria and Germany, but chose to remain in Bulgaria thanks to the support provided by the project.

**Presentation: Development of specialised education for physicians in the areas that are important from the point of view of epidemiology and demography, by Julia Bartyzel-Zakrzewska, Centre of Postgraduate Medical Education, Poland**

- Ms Bartyzel presented the activities of the Centre of Postgraduate Medical Education (CMKP) and explained that they are all connected to the needs defined in the "Policy Paper for healthcare for years 2014-2020". The key health workforce challenge in Poland is the shortage of specialist doctors.
- Ms Bartyzel explained that an analysis of the epidemiological and demographic trends identified five groups of diseases as the main cause of economic inactivity of Poles (cardiovascular diseases, cancers, mental and behavioural disorders, diseases of the osteo-articular and muscular system and respiratory system diseases). As a result the CMKP provides training for 13 medical specialties e.g. oncology, geriatrics, orthopedy, family and emergency medicine, under an ESI funded project.
- The project 'Development of specialised education for physicians in the areas that are important from the point of view of epidemiology and demography' is funded under OP Knowledge Education Development, priority axis on support for healthcare, IP on lifelong learning and SO to develop professional competences and qualifications of medical staff, responding to the epidemiological and demographic needs of the country. It has a budget of nearly EUR 21.7 million and will run in the period 2015-2023 covering nearly 6,000 participating physicians.
- The main purpose of the project is to support the training of physicians in 13 priority medical specialties by providing training courses and increasing the availability of specialization courses resulting in a higher number of qualified specialists. The project will provide over 2,000 courses and each participants is expected to attend around 12 different courses. The project will finance all the costs for delivering these courses as well as some of the costs for participants to attend. The courses will be coordinated with other educational and training institutions.
- The successes of the project to date include the delivery of 459 courses and engaging around 2,000 participating physicians. Nevertheless, the project also encountered some challenges such as increasing the number of participants, especially in some less popular specialities (e.g. geriatrics, pathology or emergency medicine), involving other institutions that provide training (including through public procurement procedures) and adjusting the number of courses according to current needs.
- Ms Bartyzel concluded by providing a short overview of a similar ESI funded project the CMKP implemented in the 2007-2013 programming period.

#### **Presentation: 'ESIF investments for HR in health sector' by Kristine Karsa, Ministry of Health Latvia**

- Ms Karsa started by introducing the reform of the healthcare system in Latvia that started after an evaluation by the World Bank. Important aspects of the reform are the improvement of accessibility and the development of the human resources (HR) in the sector. In addition, the ESIF OP is expected to support different aspects of the reform e.g. the development of infrastructure, HR and health promotion. Around EUR 287 million of the ESIF are earmarked for supporting health in Latvia, 3% for HR and 8% for lifelong learning. The majority of the funds will support infrastructure development and Ms Karsa suggested that possible synergies between hard and soft investments or ERDF-ESF should be explored.
- Ms Karsa then outlined the main HR challenges of the health sector in Latvia, which include a shortage of nurses and doctors in the regions, ageing health workforce, centralized placement of major educational institutions and compliance of the skills and competences with the healthcare system reform. She then presented two ESI funded projects that the Ministry is implementing to address the major health workforce challenges in Latvia.
- The first project is nearly EUR 10 million and focuses on HR accessibility in the regions outside the capital. The project provides financial incentives to young doctors to relocate to regions and take over the practices of retiring GPs. The financial incentives include: a one-time compensation of five monthly wages for the doctor/nurse and one wage per family member that relocates with them; monthly allowances for a period of two years; and a financial compensation for the retiring

GP. A key success factor of the project has been preliminary consultation with professional associations that provided insights about the right financial incentives and a list of potentially interested candidates.

- The second project is around EUR 22.7 million and focuses on lifelong learning for health professionals through the provision of training courses. The main success of the project is previous experience with similar activities and link to the overall reform process.
- Ms Karsa also mentioned a key main challenge encountered in both projects was inadequate project management capacity at the earlier stages. The second project also faces the challenge of ensuring the sustainability of the activities after its end.

#### **Overview of experience from Lithuania, Joana Kulingauskaite and Dalia Lasiauskiene, Ministry of Health Lithuania**

- Ms Kulingauskaite and Ms Lasiauskiene explained that the health workforce challenges in Lithuania are similar to those in Latvia in that the country faces significant shortages of health professionals outside the capital. At the moment the Ministry is not implementing any ESI funded projects addressing this issue, but they are considering the development of similar projects to those in Latvia where health professionals are compensated for relocating to areas/regions with shortages. However, it was highlighted that finding interested participants and the right incentives seems to be the main barrier at this stage.

#### **Overview of experience from Estonia, Maria Ratassepp, National Institute for Health Development, Estonia**

- Ms Ratassepp outlined the key health workforce challenges in Estonia confirming that the country faces similar issues such as shortages of certain specialists (e.g. GPs, psychiatrists) and outflow of health professionals to other European countries.
- Ms Ratassepp also gave an overview of an ESI funded project the National Institute for Health Development is implementing 'Soberer and healthier Estonia'. The project aims to tackle alcohol dependency and risk factors by promoting an integrated approach and cooperation between different health professionals that might treat a person with alcohol dependency problems e.g. GP, nurses, psychologists and psychiatrists as well as social workers. The project provides training to different health professionals in the screening, treatment and counselling of patients and so far 1,600 healthcare providers have participated in the training.
- Ms Ratassepp emphasized the importance of consulting and involving stakeholders and not to focus only on doctors but also on e.g. nurses (who have an important role in prevention and primary care), psychologists, psychiatrists and social workers.

#### **Presentation: 'Overview of experience Ministry of Health of the Slovak republic' by Zuzana Matlonova, Ministry of Health Slovakia**

- Ms Matlonova started with an overview of the key health workforce challenges in Slovakia, which include an ageing workforce, geographic maldistribution and shortages of GPs compared to specialists. The main reasons for this are emigration and brain drain, difficulties setting up new medical practices and reluctance for young doctors to move to rural areas.
- Ms Matlonova introduced the 'residential programme' set up in Slovakia in 2014 to promote the specialities of GP and Paediatrician and enforce the post-graduate training in these fields across all regions of the country. Doctors are accepted to the programme after meeting certain conditions and committed to remain working the area where they received the education for a certain minimum period (five years).
- Ms Matlonova explained that originally the programme received also some funding from the ESIF in the period 2007-2013. Then the Slovak government provided financing in order to ensure the

sustainability of the programme. In the future it is expected to expand the programme and cover also other specialities in shortage.

**Presentation: 'Overview of experience: Health Workforce and HWF Planning in Italy' by Paolo Michelutti, National Agency for the Regional Health Services, Italy**

- Mr Michelutti opened with an overview of the health workforce in Italy explaining that a major challenge is the ageing and advanced average age of the workforce.
- Mr Michelutti also explained that the main focus of health workforce regulation in Italy is on the 'supply' side or the production of health professionals.
- He then presented the experience of the country in health workforce planning and more specifically since the application of the results from the Joint Action on Health Workforce Planning and Forecasting in 2015. He highlighted that since 2015 the planning of the health workforce is based on stakeholder involvement, a wider timeframe and a good practice for the further development of planning and forecasting methodologies. Mr Michelutti emphasized that it is important to include professional associations in the planning of the health workforce, these organisations often have the data needed for analysis in addition to other valuable insights.
- Mr Michelutti reminded participants that in the future it will also be important to understand if the health workforce has the right skills not only if it has the right number of specialists needed. Ensuring the sustainability of healthcare system will be crucial.
- Mr Michelutti concluded his presentation by mentioning the SEPEN network and that it can support public administrations in developing and implementing health workforce planning tools. He suggested that the potential for ESIF to complement the SEPEN activities and help regional authorities build their health workforce planning and management capacities can be explored.

## Discussions

**Key questions and discussion points:**

- A key question concerned how the specialists that were accepted to receive support via the project were selected and whether the number and types of specialists corresponded to any kind of plans or projects for the health care workforce in Bulgaria. The Ministry responded that this was based on a national health care strategy adopted in 2015 in cooperation with the authorities responsible for labour and education as well as the medical universities.
- Another point during the discussions was the need to identify and plan projects to support the needs of other professionals in the health workforce (e.g. social workers, long-term care workers, nurses and specialized nurses such as mental health nurses).
- The issue of free movement of labour in the EU and the tendency of doctors in Bulgaria to leave the country to work in other parts of Europe for higher salaries was discussed. The project does not impose any conditions upon the beneficiary doctors with regard to where they choose to work after obtaining their specialist qualification and noted that this would not be considered fair. They also noted that by incentivizing the resident doctors to spend the six years required to complete their specialization in Bulgaria (as opposed to doing it abroad), this was already an important step towards keeping medical specialists in the country. In this regard, the group mentioned the possibility of using ESI funds for more cross-border focused work that could make it easier for health professionals to move across the borders - INTERREG could be an option in this case. It was noted that such a project exists in France/Germany and could be highlighted as a possible model.
- Nevertheless, the issue of relatively low salaries and migration remains a challenging issue.
- A key question for the Polish project was to understand why there was a need for provision of training by other institutions than the training hospitals of the residents. CMKP explained that

while the specialization/residency is completed in training hospitals, there is still a need for provision of additional theoretical courses which is addressed through the ESI funded project.

- Another point of discussion covered the fact that in most countries the most popular specialties for young doctors are the ones that are best paid rather than the ones that are most needed. Therefore, there is a need to identify the future needs for specialists and plan the workforce accordingly. The participants highlighted that the first step should be understanding and identifying the general trends of the health workforce e.g. the number of specialists and their distribution, before later analysing the skill needs of the workforce.
- An important remark made during the discussions was that the provision of specialised training (and indirectly the number and distribution of specialists) depends on the educational institutions and their location. Hence, it is very important to involve educational institutions in the planning of the health workforce, the development of training courses and the provision of incentives for young doctors.
- Some questions during the presentations focused on the use of indicators in the projects, which often focus on measuring the output rather than the results of projects. For instance, in the case of the Polish project, one output indicator used was the number of physicians that participated in the course. In the case of the Bulgarian project "Specialisation in Health", the project's success is also measured through the satisfaction beneficiaries of the scholarships captured in questionnaires.

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

## Presentations

### Introduction and welcome: Rosa Castro, Milieu

- Rosa 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.

### Introduction and welcome: Svetlana Yordanova, Deputy Minister, Ministry of Health Bulgaria

- The Deputy Ministry opened the event with a short welcome speech, noting that two ESIF funded projects implemented by the Ministry of Health ('Specialisation in Health' and 'Improving conditions for treatment of emergency') are important opportunities to boost the capacity of the health workforce in Bulgaria.
- She welcomed the opportunity this event would provide to allow her colleagues to learn from the good practices of other Member States in this area.

### Presentation: 'Policy context on EU level cooperation' by Katarzyna Kielar-Kowalczyk and Constantin-Ovidiu Dumitrescu, DG SANTE, European Commission

- Ms Kielar started by providing an overview of the ESIF TOs and support for health in the period 2014-2020 based on Cohesion Data Portal estimation.
- She provided also an overview of the DG SANTE involvement in the preparation of the current programming period and the work of ensuring ESIF are channeled to health investments. In particular, she presented the Commission Guide ('Investments in Health: Policy guide for the European Structural and Investment Funds (ESIF) 2014-2020') and mentioned the ex-ante conditionality introduced in relation to health.
- Ms Kielar presented the outcomes of the project 'Effective use of ESIF for health investments in the programming period 2014-2020' (2013-2015) that focused on mapping the planned investments in health of the Member States OPs. This included a snapshot of the mapping results and a summary of the evolution of investment priorities and SOs from the 2007-2013 and the 2014-2020 periods.
- Ms Kielar then introduced the 'ESI Funds for Health' project (2014-2020) as a continuation of the earlier mapping project.
- Mr Dumitrescu presented the Commission Report 'State of Health in the EU' and specifically the findings concerning the health workforce. The need for proactive health workforce planning and forecasting was emphasised.
- Mr Dumitrescu summarized the challenges faced by the health workforce in the EU in terms of internal (e.g. workforce ageing, retention, geographic maldistribution and skills mismatches) and external (e.g. population ageing, changing care demands, migration and technological innovation) challenges.
- Mr Dumitrescu presented also previous and ongoing EU-level activities concerning the health workforce, namely the Action Plan for EU Health Workforce (2012), the Joint Action on Health Workforce Planning and Forecasting (2013-2016, hereafter 'Joint Action') and the ongoing 'Support for the hEalth workforce Planning and forecasting Expert Network' (SEPEN). He stressed that the latest initiative, i.e. SEPEN, aims to advise Member States in the implementation of planning and forecasting tools rather than to provide them with one model as there is no one-size-fits-all solution to the health workforce challenges in the EU.

**Presentation: 'ESI Funds for Health: overview of preliminary findings' by Jennifer McGuinn and Mariya Gancheva, Milieu**

- Ms McGuinn started by providing an overview of the health workforce challenges in the EU and the specific health workforce needs identified in the CSRs of the European Semester process. She summarised also the EU-level spending priorities relevant for the health workforce in terms of ESIF TOs. She explained that these challenges as well as spending priorities set out by the Commission in 2014 are considered as a 'baseline' against which the ESI funds for health project would consider actual spending trends during the first part of the 2014-2020 programming period.
- Ms McGuinn then presented the findings of the 'ESI Funds for Health' mapping of programming at Member State level, namely TOs, IPs and SOs selected by Member States in relation to the health workforce, as well as examples of relevant programme indicators.
- Ms Gancheva presented the findings of the 'ESI Funds for Health' mapping of health projects supported by the ESIF. She started by explaining the approach used for the collection and analysis of the project data and then summarised the findings from all health projects identified as of August 2017.
- Ms Gancheva then provided an overview of the health workforce projects supported by ESIF and identified as of August 2017, this included information about the geographic distribution and budget of the projects.
- Ms Gancheva provided also an overview of the findings about Bulgaria - both in terms of programming and health workforce projects that have been found.
- Ms McGuinn concluded by summarising the spending trends identified by the 'ESI Funds for Health' mapping (i.e. health workforce projects tend to focus on training of health professionals). She then outlined the key questions about the ESIF spending trends and the development of ESI-funded health workforce projects that should be considered during the workshop.

**Presentation: 'The Joint Action on Health Workforce Planning & Forecasting' by Marieke Kroezen, PhD, Erasmus University Medical Centre, the Netherlands**

- Ms Kroezen started by emphasizing the limited support of ESIF for the health workforce and health workforce planning in particular.
- Ms Kroezen then outlined the five common challenges for the health workforce in Europe:
  - Shortages of different health professionals
  - Maldistribution of the health professionals within countries and regions (e.g. urban vs. rural areas)
  - Skills mismatch
  - Demographic changes - ageing of both the population in need of care but also of the health workforce
  - Mobility of the health workforce in Europe.
- Ms Kroezen presented the importance of health workforce planning and outlined the specific challenges that impede the planning, primarily a lack of data on numbers, skills and, especially mobility of the health workforce, as well as limited use of demand-based models and qualitative forecasting methods.
- Ms Kroezen then presented the results of the Joint Action and particularly the minimum dataset for planning outlined by the Joint Action.
- Ms Kroezen considered also the role of ESIF to support the health workforce and mentioned the opportunities for TO11 "Enhancing institutional capacity of public authorities and stakeholders and efficient public administration" to support countries in the implementation of the Joint Action results (e.g. the minimum dataset or the Handbook) and the development of country learning clusters that aid countries with similar health workforce challenges to exchange knowledge.

**Presentation: 'An overview from experts of the Joint Action Health Workforce and Forecasting: The Handbook, its implementation and the follow-up activities' by Paolo Michelutti, National Agency for the Regional Health Services, Italy**

- Mr Michelutti focused on another result of the Joint Action, namely the 'Handbook on Health Workforce Planning Methodologies across EU countries' (hereafter the 'Handbook').
- Mr Michelutti showed participants where the Handbook can be found and how it can be used. He introduced its five main elements and emphasized that the Handbook provides good practices from seven European countries, not instructions. It should be used to gather suggestions and recommendations on health workforce planning systems rather than specific models.
- Mr Michelutti then presented the application of the Handbook in Italy and the resulting planning tools used in Italy.
- Mr Michelutti presented also the SEPEN and its main activities, highlighting that Member States can use the SEPEN to gain knowledge and technical capacity in developing and implementing health workforce planning tools.

**Presentation: 'Joint Action Sustainability' by Dora Kostadinova, Medical University Varna, Bulgaria (delivered by Marieke Kroezen)**

- Ms Kroezen presented the vision for ensuring the sustainability of the Joint Action results through recommendations at the policy and technical level, a Sustainability Business Plan and a network of experts (i.e. SEPEN).
- Ms Kroezen outlined the priority action areas for health workforce planning and forecasting (e.g. improving the collection of data, further developing the evidence base, establishment of country learning clusters) and highlighted that the three most important areas for the sustainable continuation of the Joint Action results are: data on current and future stock and demand; data on mobility; research on economic determinants and other labour market impacts on the health workforce.
- Ms Kroezen also presented the most important next steps at EU, national and local levels, which include: developing and implementing mathematical models in communication with policy makers; developing and providing training courses on health workforce planning; further develop the research and the networks of health workforce experts.
- Ms Kroezen concluded with a brief overview of the Joint Action's impact in Bulgaria mentioning that the next steps will be the development of a model for a national system for health workforce planning and the provision of courses on health workforce planning.

**Presentation: 'Specialisation in Health' by Antoaneta Dimova, Ministry of Health, Bulgaria**

- Ms Dimova presented again the 'Specialization in Health' project.

**Presentation: 'Improving Conditions for Treatment of Emergency' by Mariana Vassileva, Ministry of Health, Bulgaria**

- Ms Vassileva presented another ESI funded project that the Ministry of Health is implementing in the 2014-2020 period - 'Improving Conditions for Treatment of Emergency'. This project supports targets for improving the knowledge and skills of the staff in emergency medical care in line with targets in the national health strategy and builds upon a similar project implemented in the 2007-2013 period.
- Ms Vassileva provided an overview of the project implemented in the 2007-2013 project explaining that its purpose was to provide post-diploma training for paramedics and other staff working in emergency medical care. This project provided training to over 6 000 specialists.
- Ms Vassileva then provided details about the project 'Improving Conditions for Treatment of Emergency' (whose budget is around EUR 3.6 million and whose implementation will take place

in 2017-2019). The main objective of this project is to ensure the sustainability of the previous activities by providing continuous and additional training for emergency medical care and by establishing (construction and equipment) a National Centre for Training and Qualification of the employees in the Emergency Medical Care System. In addition, the project will support the analysis of training needs and the establishment of a methodology for initial, periodic and ongoing training as well as for assessing the professional skills of emergency medical care staff.

#### Summary of the peer review discussions by Jennifer McGuinn, Milieu

- Before the start of the breakout sessions, Ms McGuinn provided a brief summary of the discussions and outcomes of the peer review. The main conclusions included:
  - Some Member States are using the ESIF to support the residency of medical professionals (e.g. by paying their fees, providing targeted courses).
  - Some Member States are using the ESIF to address health workforce shortages (e.g. by providing financial incentives for relocation in rural areas or other areas in need of certain health professionals).
  - There is not much experience of ESIF targeting health workforce planning and forecasting.

## Discussions

#### Key questions and discussion points:

- The discussions in the first part of the thematic workshop focused largely on how the necessary data for health workforce planning and forecasting can be collected. Ms Kroezen clarified that the Joint Action minimum dataset for health workforce planning covers indicators and statistical data that is usually readily available in Member States. Questions related to who are the 'owners' of such data, how they should be involved, and which institutions are most suitable (e.g. National Contact Points) for collecting common data across Member States were raised.
- Another question raised was how to use qualitative methods for health workforce forecasting. The consensus among the Joint Action experts was that as a first step the demand-based quantitative planning methods should be developed and applied before developing further methods for forecasting.
- An important conclusion from the presentations and discussions in the first part of the workshop was that there is a lack of expertise on health workforce planning in many Member States.

## Breakout sessions

Participants were split into two groups for the breakout sessions. The majority of the participants from Bulgaria remained in the first group, in order to have the opportunity to use the interpretation services, which were limited to the main workshop room. The following general questions were raised during each breakout session:

- Based on your experience, how are the ESI funds contributing to the health workforce challenges facing the EU?
- Are there health workforce challenges in your country that are not being addressed by ESI funds? What are the main challenges or barriers to this?

#### Breakout Group 1

The first breakout session gathered 17 participants -many participants represented stakeholders from Bulgaria dealing with different aspects of the health workforce, both within the health ministry and other organisations. The group also included one of the health workforce planning experts who gave a

presentation earlier in the day and participated in the peer review session (Paolo Michelutti). The session started with a short presentation of each participant, indicating their country and their experience in working with ESIF in this theme.

Given that most of the participants in this breakout session had very limited experience with using ESI funds at all, the discussion focused mainly on problems surrounding the health workforce (particularly in Bulgaria). The following points summarise the discussion:

- Participants discussed the issue of retention of health workers as a key aspect of planning and supporting the health workforce. However, there were different opinions among participants.
  - Some expressed that while retention is an important problem, especially for some EU countries, in their experience, only a small proportion of qualified health professionals were applying to obtain the recognition of their qualifications abroad.
  - Other participants raised suggested that the problem of training, funding and retaining nurses was more salient than that of training and retaining physicians. This problem was further discussed within participants, and some of them explained how the scarce number of nurses was affected not only by low wages but also by an overload in terms of work and the low image of the profession. One participant suggested that some countries could adopt solutions used in other countries, such as implementing various levels of education and qualification for nurses, making the profession more attractive and making highly specialized nurses able to perform some tasks usually performed by physicians, such as prescribing medicines. Other participants disagreed with the possibility of introducing more levels of qualification for nurses.
- Participants also discussed the challenges that surrounded the effective use and implementation of ESIF projects. In particular, they pointed out that consultation with stakeholders was an essential input for planning and forecasting the health workforce as discussed during the earlier sessions.
- Another point that was discussed and reiterated from previous sessions was the broad range of challenges for the health workforce. One participant highlighted the complex challenges of addressing current health needs (e.g. more emphasis in long-term care) and highlighted how countries need to plan their health workforce efforts in terms of addressing these needs, by going beyond training and specializing their health workers and also making sure they provide sufficient incentives for them to stay in the country and in the health profession. To achieve this, countries also need to take into account the specific features of their public and private sectors and involve stakeholders with the aim of building sufficient incentives for their health workers.
- Participants also discussed what is needed to achieve structural changes. For these purposes, they mentioned that a first step is to map stakeholders involved in order to identify and map the needs. Secondly, it is important to assess the types of skills needed for the present and the future (e.g. digital skills for e-health and m-health). The participation of multiple stakeholders in this mapping and planning process is essential to identify the types of skills needed.
- Finally, participants discussed the challenge of funding the health workforce through OPs that cut across all sectors and needs. Some participants illustrated their own experience in participating (as representatives from the Ministry of Health) during the elaboration of the national OPs by exchanging opinions and providing information about the needs in the health sector.

## Breakout Group 2

The second breakout session gathered 13 participants from five Member States (BG, PL, LV, NL and RO) and various experience with the ESIF - some participants represented stakeholders that are currently implementing ESI funded projects, others were interested in implementing such projects and yet another

small group had no previous experience with the ESIF. The group included also one of the health workforce planning experts who presented earlier in the day (Marieke Kroezen).

The participants provided interesting insights and the following conclusions could be drawn from the discussion:

- The main types of projects currently supported by the ESIF are projects focused on training of the health workforce, this trend is in line with the challenges and needs identified in many Member States. Nevertheless, it is important that these and future training projects:
  - reflect strategic needs and objectives defined at the Member State level e.g. through national or regional health strategies;
  - rely on specific data about the training needs of the health workforce;
  - are assessed not only based on output indicators but also on quality indicators that track the improvements in skills (not just the completion of certain training) and the relevance of those skills for overall needs of the health workforce.
- Training projects should be complemented by other types of projects that promote the retention of the health workforce and provide different incentives (not only financial ones) for health professionals.
- It is important to develop the availability of EU-level data concerning the challenges and needs of the health workforce, this is particularly relevant for gathering data and understanding the mobility of the health workforce in the EU. Any possibilities for the ESIF (e.g. through Interreg B and C cooperation programmes) or other EU funds and initiatives to support international cooperation and the development of such an information and data platform should be explored.
- The strategic needs and objectives related to the health workforce should be reflected also in the TOs and programming documents of the ESIF at all levels. If the strategic goals and programming documents of the ESIF are supportive of the health workforce challenges, it will be easier to develop and implement projects.
- When developing programming documents and later on when preparing specific health workforce projects, it is important to involve relevant stakeholders e.g. professional associations, educational institutions, local authorities. Examples from the different Member States include the organization of round tables, working groups and working parties.

## Annex 3: List of participants

### Peer review/Day 1

#	First name	Last name	Organisation
1	Julia	Bartyzel-Zakrzewska	Centrum medyczne Kształcenia Podyplomowego
2	Constantin-Ovidiu	Dumitrescu	European Commission
3	Kristine	Karsa	Ministry of Health, Latvia
4	Katarzyna	Kielar-Kowalczyk	European Commission
5	Miloslava	Kováčová	Ministry of Health of the Slovak republic
6	Joana	Kulingauskaite	Ministry of Health of The Republic of Lithuania
7	Dalia	Lasiauskiene	Ministry of Health of The Republic of Lithuania
8	Zuzana	Matlonova	Ministry of Health of the Slovak republic
9	Paolo	Michelutti	National Agency for the Regional Health Services
10	Maria	Ratassepp	The National Institute for Health Development
11	Agnese	Tomsone	Ministry of Health, Latvia
12	Agnieszka	Żurawska	Centrum Medyczne Kształcenia Podyplomowego
13	Antoaneta	Dimova	Ministry of Health, Bulgaria
14	Mariana	Vassileva	Ministry of Health, Bulgaria
15	Pavlina	Hristova	Ministry of Health, Bulgaria
16	Iskra	Koleva	Ministry of Health, Bulgaria
17	Stela	Zdravkova	Ministry of Health, Bulgaria
18	Galina	Dovreba	Ministry of Health, Bulgaria
19	Svetlana	Yordanova	Ministry of Health, Bulgaria

## Thematic workshop/Day 2

#	First name	Last name	Organisation
1	Tatyana	Angelova	Bulgarian Union of balneology and SPA tourism
2	Julia	Bartyzel-Zakrzewska	Centrum medyczne Kształcenia Podyplomowego
3	Rafail	Billidas	Positive Voice, Greece
4	Magdalena	Cedzynska	Maria Skłodowska-Curie institute-Oncology Centre
5	Natashka	Danova	National Center of Public Health and Analyses (NCPHA) Bulgaria
6	Sarada	Das	Standing Committee of European Doctors (CPME)
7	Constantin-Ovidiu	Dumitrescu	European Commission
8	Violeta	Dzhukelova	National Center for Training and Qualification in the Emergency Medical Care System
9	Natalia	Efremova	Ministry of Labour and Social Policy Bulgaria
10	Evgeni	Grigorov	National Center of Public Health and Analyses (NCPHA) Bulgaria
11	Velina	Grigorova	Bulgarian Pharmaceutical Union
12	Krasimir	Grudev	Nationa union private hospitals (Bulgaria)
13	Hristomir	Hristov	National Center of Public Health and Analyses (NCPHA) Bulgaria
14	Reneta	Ilieva	Bulgarian Association for Patients' Defense
15	Kristine	Karsa	Ministry of Health Latvia
16	Katarzyna	Kielar-Kowalczyk	European Commission
17	Pawel	Koczkodaj	Maria Skłodowska-Curie Institute - Oncology Center
18	Miloslava	Kováčová	Ministry of Health of the Slovak republic
19	Marieke	Kroezen	Erasmus University Medical Center, Rotterdam

#	First name	Last name	Organisation
20	Svetoslav	Krumov	Bulgarian Pharmaceutical Union
21	Joana	Kulingauskaite	Ministry of Health of The Republic of Lithuania
22	Dalia	Lasiauskiene	Ministry of Health of The Republic of Lithuania
23	Emanuil	Manasiev	National Center of Public Health and Analyses (NCPHA) Bulgaria
24	Zuzana	Matlonova	Ministry of Health of the Slovak republic
25	Paolo	Michelutti	National Agency for Regional Health Services , Italy
26	Antonia	Mizzi	Primary Health Care Department, Malta
27	Kovács	Nóra	National Healthcare Service Center (ÁEEK) Hungary
28	Emiliya	Petrova	AFCOS Directorate - Ministry of Interior Bulgaria
29	Radostina	Petrusenko	Ministry of Regional development and public works
30	Irena	Przepiórka	The Maria Sklodowska-Curie Institute - Oncology Center in Warsaw
31	Maria	Spasova	Bulgarian Association of health professionals in nursing
32	Agnese	Tomsone	Ministry of Health Latvia
33	Marius	Ungureanu	Department of Public Health, Babeş-Bolyai University
34	Milena	Vladimirova	National Center of Public Health and Analyses (NCPHA) Bulgaria
35	Agnieszka	Żurawska	Centrum Medyczne Kształcenia Podyplomowego
36	Anelia	Karailieva	Ministry of Health Bulgaria
37	Rosen	Radev	Ministry of Health Bulgaria
38	Galya	Aleksandrova	Ministry of Health Bulgaria
39	Vasil	Rakov	Ministry of Health Bulgaria

#	First name	Last name	Organisation
40	Nina	Sherbetova	Ministry of Health Bulgaria
41	Illegible	Illegible	Ministry of Health Bulgaria
42	Natalia	Dobrev	Ministry of Health Bulgaria
43	Antoaneta	Dimova	Ministry of Health Bulgaria
44	Mariana	Vassileva	Ministry of Health Bulgaria
45	Miryana	Koleva	Ministry of Health Bulgaria
46	Nataliya	Altoniova	Ministry of Health Bulgaria
47	Veselina	Brankova	Ministry of Health Bulgaria
48	Polina	Yoneva	Ministry of Health Bulgaria
49	Yuliya	Byankova	Bulgarian Medical Association
50	Iskra	Koleva	Ministry of Health Bulgaria
51	Ivan	Gospodinov	Ministry of Health Bulgaria
52	Genoveva	Bakardzhieva	Ministry of Health Bulgaria

## Annex 4 Event agendas

### 'Health workforce' Workshop

#### Agenda: Peer review

16 May 2018

Ministry of Health

pl. Sveta Nedelya 5, 1000 Sofia

Time	Agenda
09:15-09:30	Registration
09:30-10:00	<b>Welcome and introduction</b> 09:30 - 09:45 <i>Milieu</i> 09:45 - 10:00 <i>Deputy Minister of Health, Bulgaria</i>
	Part 1: ESI funded projects
10:00-10:15	<b>Brief introduction</b> <i>Milieu</i>
10:15-10:45	'Specialisation in health' <i>Ministry of Health, Bulgaria</i>
10:45-11:00	'Development of specialised education for physicians in the areas that are important from the point of view of epidemiology and demography' <i>Medical Centre for Post-Diploma Education, Poland</i>
11:00-11:30	'Improvement of availability of health care and health care support personnel outside Riga' 'Improvement of qualification to health care and health care support personnel' <i>Ministry of Health, Latvia</i>
11:30-12:00	Questions and discussion of good practices and challenges
12:00-13:00	Networking lunch
	Part 2: Experiences from other countries
13:00-13:15	<b>Brief introduction</b> <i>Milieu</i>
13:15-13:30	<b>Overview of experience</b> <i>Ministry of Health, Lithuania</i>
13:30-13:45	<b>Overview of experience</b> <i>National Institute for Health Development, Estonia</i>
13:45-14:15	<b>Questions and discussion</b>
14:15-14:30	Coffee break
14:30-14:45	<b>Overview of experience</b> <i>Ministry of Health, Slovakia</i>
14:45-15:00	<b>Overview of experience</b> <i>National Agency for Regional Health Services, Italy</i>
15:00-15:45	<b>Questions and discussion</b>
15:45-16:30	<b>Open discussion and summary of key lessons learned</b>
19:00	Networking dinner, Shtastliveca - Vitosha Boulevard restaurant, 27 Vitosha Blvd. 1000 Sofia

# 'Health workforce' Workshop

## Agenda: Thematic Workshop

17 May 2018  
Essence Centre  
Ul. 6-ti Septemvri 37, 1000 Sofia (inner yard)

Time	Agenda
09:15-09:30	Registration
09:30-10:00	<p>Welcome and introduction</p> <p>09:30 - 09:45 Jennifer McGuinn, Milieu</p> <p>09:45 - 10:00 Deputy Minister of Health, Bulgaria</p>
	<b>Part 1: Policy challenges and ESI Funds spending</b>
10:00-10:30	<p>Policy context on Health Workforce cooperation at the EU level</p> <p>Katarzyna Kielar and Constantin-Ovidiu Dumitrescu, DG SANTE, European Commission</p>
10:30-11:00	<p>ESI Funds for Health: overview of preliminary findings</p> <p>Mariya Gancheva and Rosa Castro, Milieu</p>
11:00-11:30	Questions and discussion
11:30-12:15	<p>Health workforce needs in the EU and the role of the ESI Funds: an overview from experts of the Joint Action Health Workforce (JAHW)</p> <p>Marieke Kroezen, Erasmus Medical Centre Rotterdam, NL</p> <p>Paolo Michelutti, National Agency for the regional Health Services, IT</p> <p>Dora Kostadinova, Medical University of Varna, BG</p>
12:15-12:30	Questions and discussion
12:30-13:30	Networking lunch
	<b>Part 2: How can ESI Funds support the health workforce?</b>
13:30-14:00	<p>Presentation of the projects: 'Specialisation in health' and 'Improving conditions for treatment of emergency'</p> <p>Ministry of Health, Bulgaria</p>
14:00-14:30	<p>Summary of the peer review discussions</p> <p>Milieu and participants of the peer review day</p>
14:30-15:30	<p>Parallel breakout sessions discussing the role of ESI Funds in addressing health workforce needs in the EU. Each group will discuss the following questions:</p> <ul style="list-style-type: none"> <li>• What are the workforce planning challenges in the different Member States?</li> <li>• How can these challenges be addressed?</li> <li>• What is the specific role ESI Funds can play in addressing these challenges?</li> <li>• How to ensure that ESI Funds best support the health workforce?</li> </ul>
15:30-15:45	Coffee break
15:45-16:30	<p>Summary and conclusions of the event:</p> <p>ESI Funds support for the health workforce now and after 2020</p> <p>Milieu</p>

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