A first version of this report was delivered 14 December 2018. The final version was delivered on 28 February 2019.
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Executive summary

The ESI Funds for Health project organised six workshops to discuss the use of ESI Funds to support different health-related areas: (1) access to healthcare; (2) health system reform; (3) e-health; (4) research and innovation in health; (5) health promotion; and (6) health workforce. These six workshops took place in six different locations across the EU between May and September 2018. The workshops aimed to help build the capacity of relevant actors to effectively use ESI funds and to complement the analysis carried out by the ESI Funds for Health project, through wide discussion involving key stakeholders.

This final report contains a summary of discussions that took place and analysis of the key messages that emerged during the workshops, complemented by the input received from stakeholders across EU Member States. The report is organised into six chapters. Each chapter covers one of the six workshops and follows a similar structure. Firstly, a main overview of the key findings about the theme covered by the workshop is provided (based on the desk research done prior to the organisation of the workshops). This overview also contains a brief analysis of the findings of the desk research and the main questions raised, which were used to guide discussions during each of the workshops. Secondly, the chapter contains an overview of the structure of the workshop. Finally, a summary and analysis of the key messages emerging from each day of the workshop is provided.

Below are some of the main messages emerging from each of the six workshops.

Access to health:

- The ESI funds are supporting many opportunities to pilot, scale-up and support cross-country and cross-sectoral collaborations of promising interventions that improve access to healthcare. They are also complementing national funds in a context of fiscal pressures on national budgets and the increasing need for healthcare and mounting health inequalities.
- The participation of the health and local communities was considered one of the major success factors of projects. However, more could be done to facilitate a systematic and transparent system for involving stakeholders.
- The diversity of health needs across EU regions provides a rationale for investing in interventions and infrastructure that are tailored to the local or regional context. Projects promote local health and social needs as well as functional aspects of well-being, especially the ability to work, to fulfil social roles and address specific needs of vulnerable and isolated populations.
- Measuring access to healthcare is essential for keeping track of progress, and requires the development of good and specific indicators for ESI Funded projects; this can also facilitate synergies between ESI Funds and national and other funding.

Health system reform:

- It is essential that Member States ensure a coordinated and coherent approach to investment rather than a project-by-project approach. Given the project-based nature and often relatively small size of ESI investments, they can struggle to address system-wide issues, their impact limited by the timeline and geographical area covered by the specific project.
- Investments that are linked to local needs, a strategic national health policy, broader national policy goals and EU-level policy and structural reform are more likely to be successful. This broader planning strategy might encourage involvement from other sectors and Ministries and help build political support for reforms and overcome resistance.
• Using pilots and studies to test and demonstrate the benefits of reform at a smaller scale before scaling up is an important added-value from the ESI funds. Beneficiaries can test and learn how reforms are best implemented in a local context.

• Some projects used ESI Funds to give support during a transition period to new national healthcare funding models where long-term health-system operational costs would be supported through new financing arrangements.

• A balance is needed between infrastructure or ‘hard’ investments and ‘soft’ investments such as direct service provision and staff training. This could be supported by coordinating investments from the ESF, often more associated with soft investments, and the ERDF, associated with more hard investments.

e-health:

• For e-health projects to flourish, a number of conditions need to exist, including an innovation-friendly environment, a digitally-skilled workforce, and the necessary policies to balance the needs of health systems, health-technology developers, care providers and patients.

• Data security and data protection are an essential part of e-health projects for fostering the trust of patients and health providers. Because of the sensitivity of health data, privacy and data security can pose an obstacle to the deployment of a system and must be carefully considered when planning projects and resource allocation.

• Interoperability of software and applications is a key prerequisite for the impact and scaling-up of e-health projects; projects should ensure that their creation can be added to and updated as technology changes, to ensure the sustainability of investment. Interoperability is key to ensure that data can cross-borders, and that fragmentation of data can be avoided.

• A good balance is needed between ESI Funds supporting large, comprehensive projects (like the host project, EESZT) and smaller projects developing concrete technological solutions which could potentially be applied across the EU.

• Projects should be people-oriented rather than technology-oriented. The ultimate objective of all health projects, including the projects focusing on e-health solutions, is to improve health and well-being of the society.

Research and innovation in health

• Research and Innovation in the health area is usually complex and long. This is due to heavier legal, ethical and regulatory requirements than other innovation areas and has an important impact in the way funding should be planned and accessed.

• It is important that research projects understand the available funding sources and how ESIF can be combined with other funding sources. This has been thoroughly examined in several documents and guidelines (e.g. in the document “Enabling synergies between European Structural and Investment Funds, Horizon 2020 and other research, innovation and competitiveness-related Union programs, Guidance for policy-makers and implementing bodies”, 2014).

• Under this theme, ESIF can support R&I projects related to health in different phases of the R&I process. Many projects in this theme focused on developing new products or processes in the health sector. For these types of projects, the long and costly development timeframe poses a particular challenge.

Ageing and health promotion
• Most projects that have been funded by ESI Funds build upon established inter-sectoral cooperation and competences. Involvement of networks of relevant stakeholders in the project planning is essential to building a successful project.

• There is an urgent need for more international or cross-border cooperation in health promotion programmes in order to overcome silo thinking and link physical, mental and sexual health and environmental issues. This requires bringing together a whole range of different stakeholders to share experiences, build capacity, and support public institutions in carrying out the work.

• More clarity around the different funds and what sorts of projects can be funded is needed. Funding Coordinators across the different streams could be appointed so that projects working in a similar field can connect with each other across Europe. ESIF were seen as the best way for recipient countries to work on projects addressing the whole population.

• Health promotion should be linked to EU Joint Actions programmes. ESI funds should focus on projects that work to reduce health inequalities and new life burdens (media messages, different environment affects, and smart interventions). This would signal to countries and to other stakeholders that ESIF have a social purpose.

Health workforce

• 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. Whilst many health authorities are doing this, 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.

• There is still plenty of room for more international or cross-border cooperation in health workforce planning, including sharing of experience and capacity-building. There might be potential for this still in 2014-2020 within the TO 11 on supporting public administration.

• Several Member States have used the ESI funds to supplement the capacity of national health care and education systems to help healthcare 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.

• 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.

The agendas of each workshop, a list of organisations that participated in each event, an overview table with the number of participants for all the 6 events, an overview of the evaluation provided by participants and a detailed summary of each presentation is available at the end of the report.
Introduction

ESI Funds and health investments

The European Structural and Investment (ESI) Funds have a broad mandate to invest in job creation and a sustainable European economy and environment. The total budget for regional and cohesion policy is almost EUR 352 billion. Health has long been recognised as a vital sector for the well-being of EU populations, with health investments supported through numerous thematic funding objectives and types of funding programmes across the Member States. Through their support to health objectives, the ESI Funds can contribute to the wider goals of the Europe 2020 strategy. In 2013, the European Commission elaborated several recommendations in its document ‘Investing in health’:

- Spending smarter (but not necessarily more) in sustainable health systems;
- Investing in people’s health, particularly through health promotion programmes, thus viewing health as a human capital;
- Investing in health coverage as a means of reducing inequality and tackling social exclusion.

The European Semester process (the EU’s cycle of economic policy guidance and surveillance) is an important element driving reform in the health sector and guiding the programming and spending of ESI Funds. Given its important impacts on public spending and social protection, the health sector has gained prominence at EU level and within the European Semester process in recent years.

The ESI Funds for Health project

The ESI Funds for Health project was set out to provide a mapping and assessment of the use of ESI Funds to support health in terms of number and type of investments and their contribution to relevant policy objectives. During May-September 2018, the project organised six thematic workshops in different parts of the EU - one covering each of the six health themes (the table below provides an overview of the 6 workshops). The objectives of these workshops were:

- Develop and support exchange of information, innovative ideas and processes among Member States;
- Provide health sector-specific assistance and expertise to concerned and interested Member States;
- Support Member States in better monitoring ESIF implementation;
- Gather information in order to produce a final report highlighting recommendations and best practices.

<table>
<thead>
<tr>
<th>Access to Health Tavira, PT 27-28 September 2018</th>
<th>Speakers and subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of participants</strong></td>
<td><strong>Katarzyna Kielar and Katarzyna Ptak, DG SANTE, European Commission</strong></td>
</tr>
<tr>
<td><strong>Day one:</strong> 9</td>
<td></td>
</tr>
<tr>
<td><strong>Member States:</strong> BE, EL, IT, LV, PT, UK</td>
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</tr>
<tr>
<td><strong>Day two:</strong> 46</td>
<td></td>
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<tr>
<td><strong>Member States:</strong> BE, DE, EL, IT, LT, LV, PL, PT, SE, UK</td>
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EU Health Policy cooperation for Access to Healthcare
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<th>ESI Funds for Health Workshops Final Report</th>
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### ESI funds and the new MFF: an overview of the future plan

**Dorota Sienkiewicz, EuroHealthNet**

#### Project beneficiaries

- Dr. Paulo Morgado, Proximity Healthcare Units, PT
- Paola Obbia, CoNSENSo project, IT
- Patrick Rousseau, Proximity Labs project, BE
- Virginie Bellefroid, MOBI project, Interreg A
- Homer Papadopoulus, RemoteCARE project, Interreg EL/BG
- Martin Malcolm, RemoAge project, Interreg Northern Periphery and Arctic Programme
- Marco Brintazzoli, Tuscany Region, IT

### Health System Reform

#### Prague, CZ

**24-25 May 2018**

#### Number of participants

- **Day one:** 17
  - Member States: CZ, EL, HU, LV MT, SI, SK
- **Day two:** 41
  - Member States: BE, CZ, EL, HU, IT, LT, LV, MT, PL, RO, SI, UK

#### Policy developments related to health system reform at the EU level

**Sylvain Giraud, Head of Unit, DG SANTE B1-Health Systems, European Commission**

#### 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

**Pavel Novak, Mental Health Europe**

**Daniela Matějková, Head of Strategy department, Ministry of Health, CZ**

- Multidisciplinary approach and developing new services in Mental Health Centres in the Czech Republic
  - Jan Pfeiffer, Ministry of Health, Czech Republic

#### Project beneficiaries

- Maria Xenou, Regional Department of Health and Social Welfare, and Andy Christodouloupolou, MERIMNA in the Development of EU Programmes, Greece
- Katerina Giannakopoulou, Alma Association, Greece
- Lenka Kresacova and Anna Borikova, Implementing Agency of the Ministry of Social affairs, Labour and Family, Slovakia
- Tatjana Buzeti, Ministry of Health, Slovenia
- Tamás Koos, National Healthcare Services Center, Hungary
- Inga Kalniņa, Kurzeme Region, and Kristine Karsa, Ministry of Health, Latvia

### e-health

#### Budapest, HU

**18-19 September 2018**

#### Number of participants

- **Day one:** 25
  - Member States: AT, EE, EL, FR, HU, LV, NL, PT, SE
- **Day two:** 47
  - Member States: AT, BE, BG, EL, ES, FI, FR, HU, IT, LV, MT, NL, PT, SE, SI, SK

#### Challenges to the uptake of e-health and digital solutions in the EU and the role of the ESI Funds

**Keynote speaker István Csizmadia, Ministry of Human Capacities**

#### Policy developments and ESI Funds priorities related to the uptake of e-health technologies

**Sylvain Giraud, DG SANTE, European Commission**

#### Project beneficiaries

- Regional Development in Welfare Technology and e-health services in cooperation, Sweden
- eMEN - Netherlands, Interreg North West Europe
- Electronic Health Record, Greece
- DigitalLife4CE, Interreg Central Europe
- Master Patient Index, France
Research and Innovation in Health  
Breda, NL  
20-21 June 2018

Number of participants  
Day one: 13  
Member States:  
CZ, DE, DK, ES, IT, NL, RO  
Day two: 34  
Member States:  
BE, CZ, DE, DK, EE, ES, FR, IT, LT, LV, NL, RO, SI, UK

Policy developments and ESI Funds priorities related to research and innovation in health and life sciences  
Loukianos Gatzoulis, European Commission, DG-SANTE

Research and Innovation: the role of EU Regions and the case of Research and Innovation in Personalised Medicine  
Gianpetro Van de Goor, European Commission, DG-Research

Stairway to Excellence (S2E): Options for Synergies between ESIF & H2020  
Nida Kamil Özbolat, Joint Research Centre

Challenges and opportunities for the use of ESI Funds to support Research and Innovation in health and the life sciences  
Joanna Lane, HealthClusterNet

Project beneficiaries  
Health-i-care (Interreg DE, NL)  
BONE-Bio-Fabrication of Orthopedics in a New Era (Interreg FR-CH)  
COILED (NL)  
REFBIO II (Interreg Spain-France-Andorra)  
Fast breast check (IT Region, tbc)  
AgeWell (RO)  
Cetocoen Plus (CZ)

Health Promotion  
Zagreb, HR  
14-15 June 2018

Number of participants  
Day one: 36  
Member States:  
DE, ES, FI, FR, HR, LV, PL, RO, SI  
Day two: 53  
Member States:  
BE, DE, ES, FI, FR, HR, LT, LV, PL, RO, SE, SI

Active and healthy ageing, workplace health and safety, health promotion and disease prevention  
Dr. Sanja Musić Milanović, Head of Division for Health Promotion, Croatian Institute of Public Health

The future competence demands for health promotion  
Kaija Matinheikki-Kokko, Health Promotion Programme, Interreg Central Baltic

Project beneficiaries  
Kristine Paviaare, Ministry of Health, Latvia  
Tadeja Hočevar, Karmen Henigsman and Jasmina Črnko-Papič, NIJZ  
Levke Johanssen, Flensburg University  
Julien Bois, Sergio Estrada, Lionel Dubertrand, Capas Cite

Health Workforce  
Sofia, BG  
16-17 May 2018

Number of participants  
Day one: 17  
Member States:  
BG, IT, LT, LV, PL, SK  
Day two: 50  
Member States:  
BE, BG, EL, HU, IT, LT, LV, MT, NL, PL, SK

Policy context on Health Workforce cooperation at the EU level  
Katarzyna Kilner, DG SANTE, European Commission  
Constantin-Ovidiu Dumitrescu, DG SANTE, European Commission
Each workshop was structured over two days:

- **DAY 1: PEER REVIEW (project visit).** The first day of the event took the format of a ‘peer review’. Where possible or practical it was organised at the site of a selected exemplary project. For instance, the workshop on health system reform took place at the mental health institute in the Czech Republic, which is implementing an ESI Funded project to support a wide reform of the mental health care system; the research and innovation in health took place at a hospital in Breda where researchers and clinicians are collaborating to develop more accurate methods to measure anti-microbial resistance at the border between Belgium and the Netherlands. The workshop on access to healthcare was organised at a private event venue in Tavira; however, participants were able to see the health mobile units being used to provide healthcare services for populations in remote areas. Likewise, participants of the workshop in Budapest were able to see a demonstration of the e-health services developed by this project in Hungary. In other cases, such as the health workforce workshop, the event took place in a conference room at the Bulgarian Health Ministry or in the School of Public Health at the University of Zagreb (participants of this workshop were able to see a demonstration of one of the interventions promoting physical activity). The target participants for the ‘peer reviews’ or site visits were around 10 - 12 individuals implementing or planning to implement a similar project and that were able to learn directly from the experience of the selected host and invited peers.

- **DAY 2: THEMATIC WORKSHOP:** The second day was a workshop, aimed at a wider audience of around 50 interested authorities, beneficiaries and other stakeholders who shared and discussed experiences with all aspects of implementing ESI-funded projects within the specific health theme. The second day included presentations on the ESI Funds for health project findings within the theme, as well as latest policy developments in the area. Selected participants were invited to share their own experiences with the development and implementation of projects. Breakout sessions dealing with specific sub-topics and discussion questions within the theme were organised. While each workshop was structured around this format; a few adaptations were done to accommodate for the nature of the host project, the location, theme and other circumstances.

This final report of the workshops provides an analysis of the discussions and outcomes of these workshops (including the peer review session and/or project visit). This report is structured as follows. Each of the six chapters covers one of the six workshops and follows a similar structure. Firstly, a main overview of the key findings about the theme covered by the workshop is provided (based on the desk research done prior to the organisation of the workshops). This overview also contains a brief analysis of the findings of the desk research and the main questions raised, which were used to guide discussions during each of the workshops. Secondly, the chapter contains an overview of the structure of the workshop. Finally, a summary and analysis of the key messages emerging from each day of the workshop is provided.
The following annexes provide further information about the outcomes of the workshops:

- Annex 1: Workshop agendas
- Annex 2: Workshop participant lists
- Annex 3: Workshop overview table
- Annex 4: Participant evaluations of workshops
- Annex 5: Summary of workshops
ESI Funds for health: a state of the art

This chapter provides an overview of the state of the art for each theme, including the main findings of the mapping and analysis carried out within the first phase of this project. A separate sub-chapter per each workshop is structured in a similar way. The first part provides a summary of the main findings per theme, including a brief overview of the number of projects and budget for each theme and questions that were used to encourage discussion during each workshop. The second part contains a summary and an analysis of the outcomes of the workshops and peer-review process (including the results from project visits when available). The third section provides the key messages that emerged on each day of the workshop. Finally, a set of conclusions and recommendations are included at the end of each chapter.

Improving access to healthcare

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

The ESI Funds for Health project has identified 7,404 ESI Fund health-relevant investments, of which 923, or around 12% of the total support the theme of access to healthcare. In terms of investment, these projects represent EUR 1.3 billion with an average project budget of EUR 1.5 million. A total of 16 Member States have programmed investments in the area of access to healthcare. Most of these projects (385, or 50%) are in Germany, with a significant number of projects also found in Italy (91 projects), Greece (81), Hungary (80), and Poland (52). Interreg A programmes also include 35 projects on the theme of access to health.

The largest spending on improving access to healthcare projects does not appear in the countries with the largest number of projects. Apart from Portugal and Hungary, which host a considerable number of improving access to healthcare projects and spend the largest budget on them (around EUR 386.6 million and EUR 263 million respectively), the Member States with many projects do not spend large amounts of funding. For instance, Germany has 385 projects on access to healthcare, these projects are relatively small and amount to only EUR 3.6 million in total. Italy and Greece also spend a small amount of funds on their numerous improving access to healthcare projects, around EUR 18 million and EUR 7 million respectively. Croatia has the third largest budget for theme 1 projects of nearly EUR 217 million. A significant budget (around EUR 62 million) for improving access to healthcare is actually distributed through the INTERREG A and B cooperation programmes.

Many projects support interventions aimed at improving skills and capacities of health workers (e.g. many similar but small training projects funded in Germany). Other projects aimed at improving health infrastructure and facilitating access of specific groups to health services.

The workshop sought to understand better how key projects supporting access to healthcare were planned and conceived. In particular, the following questions were discussed:

- How are the projects reflecting national and regional-level strategic approaches to access to healthcare?

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1 For a comprehensive overview of the statistics of the project see the thematic mapping document published on the project website: http://www.esifundsforhealth.eu/explore-health-theme
2 Based on the budget information available for 92% of the projects in this theme.
What is the priority attached to access to healthcare?
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 access to healthcare theme?
What can be done in the current and upcoming MFF to ensure key e-health related priorities are supported by the ESI funds?

Access to healthcare workshop
The workshop covering the topic of ‘access to healthcare’ (theme 1 of the project) was the last event from the series of six workshops organised within the ‘ESI Funds for Health’ project took place on 27-28 September 2018 in Tavira, Portugal. It was organised in cooperation with the Algarve Regional Health Authority, which is the beneficiary of the Health mobile units project, funded by the European Regional Development Funds that served as the ‘host’ project for the event. Four members from the ‘ESI Funds for Health’ project attended the event (Dorota Sienkiewicz and Geoff Wykurz from EuroHealthNet and Catarina Monteiro and Rosa Castro from Milieu) together with two representatives of DG SANTE (Katarzyna Kielar and Katarzyna Ptak).

The event took place over two days, the first being a small peer review based around the host project and the second being a larger thematic workshop. Both days took place in the eco Hotel Vila Galé Albacora in Tavira, Portugal. At the peer review there were 16 participants from nine Member States (including representatives of the European Commission, EuroHealthNet and Milieu). Participants included representatives of the host project, and came from six Member States (Belgium, Greece, Italy, Latvia, Portugal and the UK) as well as different institutions including academia and research institutions, regional health authorities and ministries of health. Most participants of the peer review are implementing ESI funded projects with a focus on access to healthcare.

The thematic workshop took place at the same venue and welcomed 53 participants (including 2 participants from the European Commission, 2 participants from EuroHealthNet and 2 participants from Milieu). The participants at the thematic workshop had different backgrounds and varying experience with the ESIF and came from eight different Member States (Belgium, Greece, Italy, Latvia, Lithuania, Poland, Portugal and the UK). Apart from the participants who had also attended the peer review, there were also representatives of academic institutions, managing authorities, ministries of health and NGOs representing both national and regional level. A full list of organisations who attended both days of the event is contained in Annex 3 and a full summary of the discussions is available in Annex 5.

Summary and analysis of the outcomes of the workshops

**Key conclusions from the peer review (Day one)**

- By discussing the example of the host project, a number of opportunities and challenges were identified such as the need to adapt existing resources (e.g. health professionals, health infrastructure) to the local needs. For these purposes, additional funds and strategic, politically-driven direction are needed, while ownership and leadership bottom-up are also key to contribute to the EU added-value of the funds.
- The unique selling value of the ESI Funds goes beyond offering (additional) financial support; ESI Funds can contribute to scaling-up of (existing) services and enabling fruitful collaborations between relevant health actors. The ESI Funds in this area were seen as a positive way for municipalities to reinforce the collaboration with other public authorities (e.g. regional and national).
In order to overcome many of the (anticipated) challenges, the end beneficiaries (patients) were involved and consulted on their needs. While beneficiaries were mostly consulted throughout the project, their participation is needed as early as possible. The participation of the health and local communities was considered one of the major success factors of projects; furthermore, the projects falling under the theme of ‘access to healthcare’ were found to aim to consolidate a multidisciplinary approach to health, co-creation and management, and to complement gaps in existing models of care.

Small-scale projects generated such positive effects that they attracted enough attention and support to be rolled-out to apply to a more general population.

Intersectoral planning enabled to include the social sector and affected communities in design and implementation. However, finding a common ground for collaboration was still challenging.

ESI Funds in this theme can support social and territorial cohesion - investment in health and social infrastructure that contributes to national, regional and local development, to reduce health inequalities, promote social inclusion, through better access to social services, and for the transition from institutional to community services.

**Key conclusions from the thematic workshop (Day two)**

The thematic workshop had two main parts:

1. The first part of the workshop featured presentations from two representatives of the European Commission’s DG SANTE. The Commission’s presentation discussed how the European Union is cooperating with Member States to support the use of ESI Funds in the health area. The presentation also touched on the complexity of access to healthcare and how the proposal for the next MFF will continue to address the challenges in this area.

2. Experience working with ESIF-funded projects - this second part gave participants an opportunity to exchange experiences, share good practice and common challenges. It featured a presentation from Milieu about their research into the use of ESIF for health projects, short presentations by the projects that participated in the peer review, a presentation by a representative of EuroHealthNet on the proposal for the next MFF and a participatory session where all participants were encouraged to share and discuss their experience.

The workshop had a more eclectic range of participants than the peer review; participants came from health ministries, managing authorities, ESIF projects and NGOs. This allowed the workshop to take a broader perspective on the use of ESI Funds to support access to healthcare, including how the approach might be changed for the next programming period.

Key conclusions emerging from the workshop:

- One of the enabling conditions (ex-ante conditionality) for projects funded by the ESI Funds, requires having a health strategic framework. This strategic framework can address health issues from a multi-angle perspective, including extending the health focus to social services support, ‘soft’ infrastructure, or enhancing institutional capacity of public authorities and stakeholders, and foster efficient public administration.

- Further success factors identified were community and staff engagement, personal sense of purpose and impact, evidence of impact from the systems and beneficiaries’ level, leadership and political support, strategic thinking and links with a wider system, technological and digital capacity, and last but not least long-term goal to maintain and scale-up the services.

- The future-proofing and strategic thinking, evidence-based and informed support seem to be an important factor to ensuring projects’ success, as well.
• From a sustainability perspective, some of the projects are developing future business models that could extend projects financing and scale-up in the post EU-funding period. Several challenges were discussed, including the need to secure the ESI Funds, choices behind focusing on particular subjects (such as ‘access to healthcare’ in this case), challenges in developing and writing the proposals of initiatives that are often cross-sectoral and finding ways of using the EU funds to address emerging health and societal needs through sustainable approaches and solutions designed and delivered closer to citizens and communities;

• The funds gave the projects a sufficient boost for piloting and implementing the early stages of projects. This was seen in many cases as an important political message to make sure certain issues are taken care of and put higher on the agenda.

• The issue of cross-sectoral and public-private collaboration was discussed. While some managing authorities encourage both public and private involvement, few systematically engage civil society actors such as patients’ groups through institutionalised and transparent approaches. In other regions or settings mixing public and private funding is discouraged.

Supporting health system reform

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

So far, there have been 1,738 projects in 16 Member States funded in support of the health systems reform thematic block. More than half of these projects (65%) are in Poland, Bulgaria and Spain. No projects supporting the reform of health systems thematic block were found in Austria, Belgium, Cyprus, Germany, Denmark, Croatia, Hungary, Ireland, Luxembourg, the Netherlands, Sweden or the UK. 30 relevant projects are also financed under the Interreg A and B cooperation programmes.

Many projects are contributing to deinstitutionalisation measures. For instance, of the 333 projects relating to health system reform in Bulgaria, 319 aim to contribute to deinstitutionalisation. This corresponds to specific country objectives to reduce the number of elderly people, people with disabilities, children and youth in institutional care. In Spain, around one third of the health reform projects also target deinstitutionalisation measures, while the majority invest in the improvement of health infrastructure’s efficiency and sustainability. In addition to Poland, Bulgaria and Spain a significant number of projects on health system reform can also be found in Lithuania, Greece, Czech Republic, Estonia and Portugal.

The total budget of all health systems reform projects is around EUR 1.6 billion, while the average project budget is approximately EUR 1 million. Overall, the largest spending on health systems reform projects appear in the countries with the most or significant number of such projects. The largest spending on health system reform projects is in Poland (around EUR 530 million), Spain (EUR 238 million), Czech Republic (around EUR 188 million) and Bulgaria (EUR 143 million). In terms of average project size, the largest projects are found in Slovakia (around EUR 34 million), France (around EUR 8 million) and Latvia (around EUR 7 million). However, these three countries have a small number of fairly large projects. The average project sizes in the countries with the most projects are approximately EUR 1.2 million (Poland), EUR 0.4 million (Bulgaria) and EUR 0.8 million (Spain).

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?

Health systems reform workshop
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. A full list of organisations who attended both days of the event is contained in Annex 3 and a full summary of the discussions is available in Annex 5.

Summary and analysis of the outcomes of the workshop
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/Day 2**

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.

**Investing in e-health and digitalisation of health services**

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

Among the 7404 health-relevant projects identified in the course of the ESI Funds for Health project in 2017-2018, 225, corresponding approximately to 3% of the projects, support the e-health theme. The share of e-health projects in terms of project budget is higher and amounts to approximately 7% (EUR 0.6 billion). This theme contains the smallest number of projects in comparison with other themes, however it can be noted that many projects classified in other themes also involve deployment of digital solutions in the health sector, but when the main objective of project was not related to e-health, projects were classified under other themes.

The average project budget is approximately EUR 2.7 million, which is high as compared to the average project size across all themes (EUR 1.1 million). Projects in this theme have been found in 19 Member States and in Interreg programmes. No projects supporting the e-health theme were found in Austria, Belgium, Cyprus, Ireland, Lithuania, Luxembourg, Malta, Slovenia and Slovakia. The largest spending on e-health projects is in Poland, followed by Spain and the Interreg programmes.

Most projects support electronic health records, changing care models, and health information exchange. Projects relating to mobile health and personal health records are less numerous. The workshop sought to understand better how key projects using the e-health were planned and conceived, and in particular, the following questions were discussed:

- Which institutions are involved in identifying and developing innovation-health projects?
- How are the projects reflecting national and regional-level strategic approaches to e-health?
- What is the priority attached to this issue and the status of implementation of nation-wide or regional e-health systems?
- 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 e-health theme?
- What can be done in the current and upcoming MFF to ensure key e-health related priorities are supported by the ESI funds?

**e-health workshop**

The fifth event from the series of six workshops organised within the ‘ESI Funds for Health’ project took place on 18-19 September 2018 in Budapest, Hungary and covered the topic of ‘e-health’ (theme 3 of the project). It was organised in cooperation with the beneficiaries of the EESZT Hungarian National e-health Platform project, funded by the European Social Fund, which served as the ‘host’ project for the event. Three members from the ‘ESI Funds for Health’ project attended the event (Matthew Jones, Agnieszka Markowska and Rosa Castro from Milieu) together with a representative of DG SANTE (Sylvain Giraud) and a representative of DG EMPL (Zoltán Balogh).

The event took place over two days, the first being a small peer review based around the host project and the second being a larger thematic workshop. Both days took place in the grand surroundings of the Duna Palota in the centre of Budapest. At the peer review there were 25 core participants from nine Member States (not including the European Commission and Milieu). The core participants included 12 Hungarian participants from the host project, the Hungarian Ministry of Human Capabilities, and representatives of nine Member States (Austria, Estonia, France, Greece, Hungary, Latvia, Netherlands, Portugal and Sweden).
coming from academia and research institutions, healthcare institutions and Ministries of Health. Most participants are implementing ESI funded projects with an e-health-related goal.

The thematic workshop took place at the same venue and welcomed 46 participants (not including one participant from the European Commission and three participants from Milieu). The participants at the thematic workshop had different backgrounds and varying experience with the ESIF and came from fifteen different Member States. Along with the participants who had also attended the peer review, there were representatives of academic institutions, managing authorities, ministries of health, the health industry and NGOs, and representing both national and regional level. A full list of organisations who attended both days of the event is contained in Annex 3 and a full summary of the discussions is available in Annex 5.

Summary and analysis of the outcomes of the workshop

**Key conclusions from the peer review (Day one)**

- ESIF-funded e-health projects can revolutionise the national health system. For instance, with a large budget of 18 million euros, the Hungarian project is seeking to transform the way that all patients in the country access health services. In this sense they can combine with other sectors, such as ICT and communication, social inclusion and combatting poverty, as demonstrated by the thematic objectives chosen by the project.

- Interoperability of e-health end-products is of real importance - they have to be compatible with a range of different operating systems. This could also involve ensuring compatibility of products with new innovations, for example combining mobile health with wearable devices.

- E-health project end-products can also potentially be sector neutral and therefore transferable. This situation was seen with the Hungarian electronic health system, where some of the data processes can also be applied to other fields, such as for employment information.

- E-health projects will often necessitate change in working methods. Health professionals will be more or less open to the change required by the projects. Strategies must be built into project designs for facilitating the transition to new ways of working and encourage as much participation as possible. The host project found ways to encourage public pressure for health service-providers to adopt the new system.

- Data protection has a large role to play in e-health projects. Medical data is particularly sensitive, and so special attention must be given to ensuring the security of this data from cyber-attack or fraud. Data access can be restricted based on the person attempting to access the data.

- E-health projects regarding electronic health records should consider the importance of using structured documents that can be coded and read more easily by machines, saving time and improving efficiency through automation.

- In some countries, large organisations dominate in public procurement in health. ESI Funds can help SMEs to compete in this market more effectively. Funding can be used to facilitate greater cooperation and exchange between SMEs and healthcare providers.

- Building transnational e-health programs can be challenging, because of different policy frameworks in different Member States. For example, attitudes and regulation relating to e-mental health can vary significantly between countries. This can pose problems for cross-border testing of products.

- Several projects mentioned that best practice from other ESIF projects had been studied during the planning phase of projects and helped guide project design.

- E-health initiatives can help to give access for vulnerable groups to health services, and help give health providers access to vulnerable people that might be otherwise difficult to reach.
Cooperation between stakeholders was an issue that came up several times; cooperation is needed in order to ensure that an e-health project will be based on needs and will work within the existing system framework, thereby improving efficiency of decision-making.

Digital solutions often require checking processes to be put in place to assure and improve accuracy of algorithms. A checking procedure for signalling errors should be planned for.

Several projects mentioned the problem of ensuring the post-funding continuity of projects. For example, for projects with an end-product, it is important to ensure that funds are in place to deal with potential problems for the product in the future, such as bugs or necessary updates.

Key conclusions from the thematic workshop (Day two)

The thematic workshop had two main parts:

1. Navigating access to EU funding for e-health projects: The first part of the workshop featured presentations from the Hungarian Ministry of Capacities and a representative of the European Commission’s DG SANTE. The former looked at challenges to the uptake of e-health in European countries, and how ESIF might contribute to overcoming these challenges. The Commission’s presentation discussed how the European Union can engage with health whilst respecting the fact that it remains a national competency. The presentation also touched on how ESIF and health will combine in the coming programming period.

2. Experience working with ESIF-funded projects – this second part gave participants opportunity to exchange experiences, share good practice and common challenges. It featured a presentation from the Contractors about their research into use of ESIF for health projects, short presentations by the projects that participated in the peer review, and a break-out session where all participants were encouraged to share and discuss their experience.

The workshop had a more eclectic range of participants than the peer review; participants came from health ministries, managing authorities, ESIF projects and NGOs. This allowed the workshop to take a broader perspective on the use of ESIF in e-health, including how the approach to e-health might be changed for the next programming period.

Key conclusions

- Participants were interested to hear the representative from the European Commission say that there would be a strong health dimension to the next programming period.
- Regarding accessing funding, it was mentioned that e-health projects necessarily blend elements of the health economy and the digital economy, and this widens opportunities to find funding. In a wider sense, ESI Funds can help to provide solutions that adapt traditional care models that will not be able to sustain the expected growth in patient needs and health expenditure in the coming years.
- Adoption of e-health solutions is an essential part of project planning: it should be ensured that adequate training is planned and that medical professionals are consulted and encouraged to participate.
- All health-related projects should include an e-health element in order to ensure an adequate uptake of e-health solutions.
- During discussions, several participants mentioned that it would be useful to have a regular knowledge-sharing platform for ESI Funds on the subject of health in order to see how the issue is approached in different Member States. Knowledge sharing in e-health projects should reach deeper professional levels, so that the specific solutions and technological approaches could be discussed among the experts in this area. There should be a possibility to use pilot projects or a specific solution developed in one country or region across the EU.
- Regarding programming, several participants noted the need to ensure that projects were really
needed and wanted by the population. It was mentioned that in Greece there is an open call for citizens to propose ideas. One participant called for a bottom-up approach to programming.

Supporting Research and Innovation in health

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

R&I in health and the life sciences counts for a large number of the projects mapped; midway through the 2014-2020 funding period, 1,708 projects in 20 Member States have been funded in support of health innovation and R&I in health. Over half of these projects (56%) are in Spain, followed by numerous others in Italy, Portugal and Poland. Many relevant projects are also financed under the three Interreg cooperation programmes.

In terms of actual spending on health innovation projects, the picture varies considerably by Member State. The total budget of the R&I projects identified is approximately EUR 1.8 billion, while the average project budget is approximately EUR 1 million. Spain shows significantly larger spending on R&I health projects (around EUR 587 million), as do the Interreg programmes (in total around EUR 255 million across the three strands). Hungary follows, with spending on R&I health projects of around EUR 179 million, followed by Poland (around EUR 129 million) and the UK (approximately EUR 116 million). Most projects are supporting the development of innovative products and processes, while projects supporting research infrastructure, changing care models and clinic-industry collaboration were less numerous.

The workshop therefore sought to understand better how key projects supporting research and innovation in health were planned and conceived, namely:

- Which thematic objectives, investment priorities and strategic objectives from the relevant Operational Programmes are addressed through research and innovation 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 research and innovation projects?
- How are the projects reflecting national and regional-level strategic approaches to addressing health challenges? What is the role of regional smart specialisation strategies with regard to R&I priorities and opportunities?
- For large projects in various phases of research and development, 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 R&I theme?
- What can be done in the current and upcoming MFF to ensure key R&I in health priorities are supported by the ESI funds?

Research and innovation in health workshop

The fourth event from the series of six workshops organised within the ‘ESI Funds for Health’ project took place on 20-21 June 2018 in Breda, the Netherlands and covered the topic of ‘Research and Innovation in health and the life sciences’ (i.e. theme 4 of the project). It was organised in cooperation with the partners of the i-4-1-health project funded by the Regional Cooperation (Interreg) program of Flanders-the Netherlands, which served as the ‘host’ project for the event. Four members from the ‘ESI Funds for Health’ project attended the event (Matthew Jones, Agnieszka Markowska and Rosa Castro from Milieu and Joanna Lane from the partner Health ClusterNet) together with two representatives of DG SANTE (Katarzyna Kielar-Kowalczyn and Loukianos Gatzoulis), one representative of DG RESEARCH and one representative of the Joint Research Centre (Nida Kamil Ozbolat). Professor Jan Kuytmanst and Ina
Willemsen (Amphia Hospital) also participated and spoke on behalf of the i-4-1-health consortium and presented the project to the audience.

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 Amphia Hospital and had 14 core participants from seven Member States (not including the European Commission, Milieu and partners). The core participants included three main contact points and coordinators of the host project (Interreg BE-NL) and representatives of five other Member States (Belgium, Czech Republic, Denmark, Italy, Romania) coming academia and research institutions, healthcare institutions, a regional managing authority and a Ministry of Health. Most participants are implementing ESI funded projects with a health-related R&I goal.

The thematic workshop took place at a different, larger venue and had 38 participants (not including 3 participants from the European Commission, 3 participants from Milieu and 1 participant from the partner Health Cluster Net. The participants at the thematic workshop had different backgrounds and varying experience with the ESIF and came from fifteen different Member States. There were participants who attended the peer review and also other representatives of academic institutions, professional associations, Managing Authorities, the health industry and NGOs. A full list of organisations who attended both days of the event is contained in Annex 3 and a full summary of the discussions is available in Annex 5.

Summary and analysis of the outcomes of the workshop

**Key conclusions from the peer review/Day 1**

- ESI funds have been instrumental in allowing R&I projects to take place and have enabled cross-border cooperation that would not have happened otherwise.
- The intersection between research and business is sometimes problematic. Private companies are concerned about: (1) intellectual property rights to the outcome of research after the project in order to commercialise it; (2) investing with the risk of no return on their investment; and (3) often focus on a short-term exit strategy rather than long-term progression of an idea. Large research projects with diverse partners participating, each one having different incentives, mindsets and regulations to comply with, are often difficult to be launched and implemented.
- SMEs often have low incentives to participate in these research and innovation projects or it can be difficult to bring them to a project due to regulatory hurdles regarding access to public funding.
- Most of the project leaders have a research background, and some participants feel that the administrative burden is too heavy for them to spend enough time advancing with their project. However, the extent of administrative burden can vary significantly depending on the managing authority.
- Information about other projects doing similar things is desirable but not necessarily easy to access. Participants proposed that the European Commission could create or help create an easily accessible database of projects funded by ESI.
- There is uncertainty about how to combine ESIF funds with H2020 funds. H2020 funds seem out of reach for some participants.

Representatives of projects funded in (countries and Interreg) presented their R&I projects:

- Some of the projects presented are addressing and developing innovative solutions to tackle different health-related challenges (e.g. antimicrobial resistance, early diagnosis of breast cancer, osteoporosis and bone-fractures, rehabilitation of elderly population or patients that have suffered a stroke).
• Other projects presented innovative ways of pulling together financial and human resources to enhance R&I activities related to health in a broader way. For instance, some projects consisted in platforms to allow drug discovery, a network for biomedical research and a research centre specializing in toxic effects of pollutants for human health.

**Key conclusions from the thematic workshop/Day 2**

The thematic workshop had two main parts:

- Navigating access to EU funding for research and innovation in health: The first part of the workshop featured presentations from representatives of the European Commission’s Joint Research Centre, DG RTD and DG SANTE. The presentations discussed how synergies between ESIF and H2020 could be used strategically, and ways that the private sector could be involved with projects.

- Experience working with ESIF-funded projects - this second part gave participants opportunity to exchange experiences, share good practice and common challenges. It featured a presentation from the Contractors about their work on ESIF health projects, short presentations by the projects that participated in the peer review, and a break out session where all participants were encouraged to share and discuss their experience.

With its wider audience compared to the peer review, the workshop took a broader approach to the use of ESIF funds in R&I projects, looking at strategic opportunities for using the funds and for accessing the Horizon 2020 research funds. The key discussion points during the workshop can be divided into two main thematic categories:

- **Strategic use of funds**
  - Synergies between ESIF and H2020 funding;
  - Bidding strategies for H2020 funding;
  - Smart specialisation at regional and national level - challenges and opportunities.

- **Management of ESIF-funded R&I projects**
  - Process from concept to research to commercialisation
  - Involvement of private investment in ESIF-funded research health projects
  - Balancing administrative responsibilities and research efficiency

**Key conclusions:**

- Enabling synergies between ESIF and other funds for R&I, especially H2020 is a key question for this theme, but one that remains open in practice. Within this question, the problem of how to succeed in competitive H2020 calls was thoroughly discussed and participants agreed that there are obstacles imped-ing the full realisation of synergies between ESIF and H2020 but also successful initiatives such as the Stairway to Excellence programme presented by a representative of the JRC. Participants were interested in knowing more about related funding opportunities and take advantage of synergies in the use of different EU, national and regional funding.

- The role of smart specialisation strategies was discussed, and several participants shared their experiences. In general, participants felt that smart specialisation strategies had a limited role in helping steer or plan investments in R&I in several regions/countries. This was the case when the strategies were limited to mention all or most sectors, without developing a strategy or emphasis in particular areas.

- Many project beneficiaries shared their experiences and challenges in managing projects in terms of human resources, administrative burdens, etc, and how these challenges impact their research activities.

- The issue of dealing with the lengthy and costly process to bring innovations to the market was also discussed. One of the main obstacles for projects was the difficulty of collaborating with SMEs...
and business given the different incentives that different parties in a consortium usually have. For instance, issues related to access to the results of research and intellectual property rights for different stakeholders and partners in ESI funded projects seems to be an important issue for many projects.

The spending trends identified during the desk research and the peer review indicate that at the moment the ESIF are primarily used to fund R&I projects focusing on developing innovative products and processes at different phases of research and development (and with different technology readiness levels (TRLs) as mentioned by several participants.

Nonetheless, and as shown by the projects presented during the workshop, there is also an important number of projects, with larger budgets overall, which focus on supporting research infrastructure, changing care models and clinic-industry.

Discussions during the workshop served to corroborate the importance of ensuring the sustainability of long and costly R&I projects and for this purpose, the possibility of enabling synergies with other EU (e.g. H2020 and others), national and regional funding was also identified as a recurrent concern for project beneficiaries and authorities.

As one of the challenges that ESI Funds seeks to address is to bridge the gaps between regions lagging behind in terms of R&I capabilities, enabling synergies between ESI Funds and H2020, including by using ESI Funds to allow projects to reach the maturity needed to apply for H2020 was highlighted as a priority.

While the development of a Research and Innovation Strategy for Smart Specialisation (RIS3) is a prerequisite to access ESI Funds, discussions during the workshop evidenced that the potential of RIS3 to foster their competitive strength, and to enable them to contribute to main societal challenges still needs to be further developed.

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 and involve are SMEs and patients that might collaborate in projects, including those that need the participation of patients in trials. Several administrative challenges also seemed to be obstacles to more collaborative projects with the participation of SMEs.
 Investing in healthy ageing and health promotion

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

A review of ESI-funded projects across the EU found 2,535 projects in 25 Member States that support health promotion, healthy ageing and workplace health and safety. Although this theme has the greatest number of projects (34% of the total), their small average budgets (around EUR 0.8 million) means that they account for only 24% of total budget. More than half of the projects (70%) are in Poland, followed by Germany, Belgium and Spain. Interreg programmes support 35 projects in this theme. The largest spending on health promotion projects (including Member State co-financing) was observed in Poland, followed by the UK and Latvia. The total expenditure for all projects in the theme is approximately EUR 2 billion.

Projects in health promotion and disease prevention tend to support interventions that aim to foster a healthier lifestyle of the population and prevent negative impacts of various risk factors linked to chronic diseases such as obesity, type 2 diabetes, cardiovascular diseases and mental health disorders. Health promotion and disease prevention can increase cost-effectiveness of health care by reducing (curative) costs. This workshop also included workplace health and safety projects. These projects aim to promote safer and healthier conditions in the workplace, which improves productivity and competitiveness and has a positive impact on the sustainability of social security systems.

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

- Which thematic objectives, investment priorities and strategic objectives from the relevant Operational Programmes are addressed through the health promotion 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 promotion projects? Are skills-building projects in particular regions part of a wider national-level strategic approach to addressing health promotion issues?
- For larger projects, especially those supporting the Interreg interventions of health promotion activities across a number of Member States, how are these projects designed? What are their key challenges and success factors?
- Are there other important factors that have not yet been identified by the ESI funds for health project that should be included in the final report on the health promotion theme?
- What can be done in the current and upcoming MFF to ensure key health promotion priorities are supported by the ESI funds?
- What is being funded by ESI funds and how is it related to the needs and policy goals in the areas of health promotion, active and healthy ageing and workplace health and safety?
- What are the good practices, success stories and what are problems/issues encountered by project beneficiaries?

Healthy ageing and health promotion workshop

The third event from the series of six workshops organised within the ‘ESI Funds for Health’ project took place on 14-15 June 2018 in Zagreb, Croatia and covered the topic of ‘Active and healthy ageing, healthy workforce, health promotion and disease prevention’ (i.e. theme 5 of the project). It was organised in cooperation with the Croatian Institute of Public Health and centred on the exemplary ESI funded project ‘Healthy Living’ that the Institute is implementing, and which served as the ‘host’ project for the event.
Four members from the ‘ESI Funds for Health’ project attended the event (Rosa Castro and Agnieszka Markowska from Milieu and Mojca Gabrijelcic and Andrew Barnfield from EuroHealthNet) together with two representatives of DG SANTE (Katarzyna Kielar-Kowalczyk and Stephan Schreck). Dr Sanja Musić Milanović, Head of Division for Health Promotion and Project Coordinator of the ‘Healthy Living’ project participated and spoke on behalf of the Croatian Institute of Public Health and presented the project to the audience. In addition to the ‘ESI Funds for Health’ project team, three speakers with specialised knowledge of the ‘Healthy Living’ project gave presentations and participated (Maja Lang Morović, Martina Markelić, and Ljiljana Muslić).

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 Croatian Institute of Public Health and had 35 core participants from nine Member States including Croatia, not including representatives of the European Commission, Milieu and project partners. The core participants included two main contact points and coordinators of the host project and representatives of other Member States coming from a variety of institutions, including national institutions and Ministries (e.g. Croatia, Latvia, Romania and Slovenia), research organisations (Finland, Germany and Spain), and other organisations (Poland) all of which are implementing ESI funded projects on health promotion. In addition, 19 representatives from the Croatian Institute of Public Health attended the peer review.

The thematic workshop took place at the same venue and had 55 participants, approximately half of which were from Croatia 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 had more knowledge of the ESIF, including Managing Authorities, other ministries and public-sector institutions in Croatia, and other participants (some of them project beneficiaries), including representatives of academic institutions, professional associations and NGOs. A full list of organisations who attended both days of the event is contained in Annex 3 and a full summary of the discussions is available in Annex 5.

Summary and analysis of the outcomes of the workshop

**Key conclusions from the peer review/Day 1**

The representatives of seven Member States (Croatia, Estonia, France, Germany, Latvia, Poland, Slovenia, and Spain) who attended the peer review each presented the somewhat similar key challenges they face in their work on Health Promotion - along with several country-specific aspects. All the countries face challenges in tackling lifestyle behaviours affecting chronic disease development and developing cross-sectoral support for their work and projects. The peer review representatives came from public health institutes, universities, or health associations with responsibilities for developing health promotion programmes and policies in the country. All of them are currently managing ESI funded projects addressing health promotion, disease prevention, healthy ageing and health and safety in the workplace.

While all the countries faced challenges related to growing chronic diseases or lifestyle behaviours that have a negative impact on the health and wellbeing of their citizens, each of the projects took a slightly different approach or target audience for their project activities. Since health promotion is a broad topic, there was consensus on the need to develop an interdisciplinary approach that involves a wide and diverse range of stakeholders. Several interrelated needs were exemplified by the projects, including the need to focus on children and young people to establish beneficial lifestyle behaviours early, the need to incorporate environmental factors influencing people’s health, the need to address the specific challenges of the elderly, the opportunity of developing e-health tools that could support interventions, and the need to address cultural beliefs around hazardous products such as alcohol.
The countries that participated in the peer review presented different ways of tackling these issues using ESI funds:

- In Croatia, the Institute of Public Health is leading an EU 4 million project (Healthy Living) that aims to improve the health of the population by reducing behavioural, biomedical and socio-medical risk factors through the creation of supportive environments enabling good health and high-quality life for the citizens of Croatia. Specific objectives of the project are improving knowledge and attitudes on the importance of healthy nutrition and physical activity for the prevention of overweight and obesity.

- The Interreg France-Spain (Capas Cité) project of EU 2.7 million that unites two universities to implement an ESIF project that aims to improve the health of underprivileged groups, specific vulnerable groups (obese people) and young people (pupils and students) through the practice of physical activity. The project aims to create a new cross-border health infrastructure with 2 satellites in Tarbes, France and in Huesca, Spain.

- In Slovenia, an EU 6 million project (Responsible approach to alcohol use) aims to establish an interdisciplinary approach for screening and providing interventions to help with the incidence of hazardous and harmful alcohol drinking in Slovenian adults. The project includes a capacity building component for health professionals and social workers, a pilot of the approach, and a capacity building intervention for media representatives to support responsible media coverage of alcohol consumption, which is key to help develop cultural change around alcohol misuse.

- In Latvia, the ‘Complex health promotion and disease prevention measures’ project aims to improve the availability of health promotion and disease prevention services in Latvia, by implementing the following local measures: promoting healthy nutrition; promoting physical activity issues; measures to reduce the prevalence of addictive substances and processes; measures for the promotion of mental health; and measures for the promotion of sexual and reproductive health. The implementation of the local projects has been an initiative of the Ministry of Health in collaboration with municipalities.

- The BaltCity Prevention Interreg project supported with EUR 2.7 million from ESIF, focuses on developing and using new technologies that will be employed in the planning procedures and as innovative tools for prevention purposes. The participation of the users and the co-creation process are key elements of this new intervention model. The prevention interventions are offered by public health authorities (e.g. health care and social departments in municipalities) and address people with different health issues.

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

- The healthcare budgets in the countries involved in the workshops are not able to adequately cover the rising need for financing health promotion. The increasing age of the population coupled with lifestyle behaviours and costs of chronic diseases means that ESI funding is a viable method to support spending in this high priority area.

- The challenge of harmful alcohol use that was the focus of the project from Slovenia drew attention, and was discussed at length by participants, because it illustrated the complexities of tackling an issue with deep cultural and economic importance. Alcohol production is an important economic sector and the way in which alcohol consumption was reported within the country is a key obstacle to prevention and promotion interventions in this area. Harmful alcohol consumption costs over EU 200 million, which easily dwarfs the EU 6 million that the project received form the ESI funds. The conclusion of the group was that ESI funds must be coupled with high level strategic thinking that combines financial support with broad societal goals. This could include combining different resources, linking different sources of funding, and targeting drivers of other sectors (decrease the alcohol harm while targeting the active population at the workplace).

- The issue of indicators and how to record success of the projects was raised during the peer review day. The need for short, medium, and long-term indicators was felt to be important to demonstrate the impacts of different types of actions that occur as part of the projects. This will also help to show the outcomes of changes in organisational administration, project development, and related policies.
However, the problem is that the impact on health of health promotion interventions is extremely difficult to prove. A question arose about how best to record the success of the projects and it was suggested that challenges in evaluating health promotion interventions will persist unless other indicators are used to complement quantitative indicators.

- The projects in the Health Promotion workshop were funded through different streams. Each of these has different objectives and investment priorities as stipulated in the ESIF regulations. Some participants in the workshop felt that this poses problems for projects about the clarity of funding. However, participants also felt that this creates an opportunity to establish funding coordinators across the different streams so that projects working in a similar field can connect with each other across Europe. This will unify the projects while signalling a clear EU added-value to the use of the funds.

- The participants also felt that it was important to educate the educators. The idea came from across the projects featured in the peer review and relates to the need to change the mind-set within the medical field. Health promotion needs to be actively inserted in all projects that feature health or healthcare. Education of the policy decision makers in ‘Health in All Policies’ (HiAP) principles and in public health issues should also be a priority. Participants believed that the EU Commission should engage in this sort of long-term strategic thinking in association with the ESI funds.

Several good practices and success factors were identified and agreed upon during the discussions:

- The existence of previously established networks of relevant stakeholders that include participatory engagement in the planning of projects. Clearly defined responsibilities with established strategic frameworks that include cross-sectoral skills and knowledge were also deemed essential as also the use of established networks to ensure the viability of projects and mitigate against disruptions.

- The administrative and project management capacity within beneficiary institutions, especially for large projects, was considered an extremely significant factor. The host project from Croatia ‘Healthy Living’ explained that their project was built upon clear administrative and management duties and guidelines from the beginning. This ensured effective communication throughout the project and united the content with the administration. The clear processes also mitigated some of the administrative burdens that such a large grant entail.

- Health promotion projects must have a well-defined and strong epidemiologic argumentation as the groundwork. A definition of a common denominator for action that links with priorities at the policy level will draw collaboration from across different sectors of government and society. A clear rationale that responds to national health priority challenges also makes the projects successful because this enables national authorities to prioritise health promotion over other spending concerns.

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

- The projects in theme 5 (health promotion, disease prevention, healthy ageing and workplace health and safety) accounted for 33% of health-related projects funded under ESI funds. The reason for this seems to be that even though health promotion and prevention interventions have proved to be very cost-effective by reducing healthcare (curative) costs, they are still under-funded by national governments throughout Europe. Many projects that received ESI funding target a large section of the population but there is still little co-ordination on what types of interventions are producing good results, when are they producing such good results and for whom. The spending trends corroborates this with the number of projects funded.

- The growing recognition of the effects of chronic diseases and lifestyle behaviours is driving the need to invest in health promotion programmes. The ESI funds are considered as a test for programmes that national governments cannot fund straight away without knowing whether they will be successful or not. This is an issue in countries with higher burden of chronic diseases, aging population, and limited workforce capacity. It also affects countries with lower life expectancy and fewer years lived in good
health. The use of ESIF to support potentially good projects was discussed as a reason why there is a high number of projects and a large spending in this theme.

- Discussions at the peer review revealed the importance of cross border work; health promotion was considered as a clear cross border issue for which better regional cooperation is needed. This was discussed in greater detail during the thematic workshop the following day.

**Key Conclusions from the thematic workshop/Day 2**

The thematic workshop had three main parts:

1. Policy developments, future competences, and Funds priorities - the first part included presentations by the European Commission, the project team, and the host institution. It focused on presenting the key health promotion challenges that should be addressed in the EU, the main EU policies and activities, and the ESIF spending trends on this theme (preliminary findings of the ‘ESI Funds for Health’ project).

2. In what ways can ESI Funds support health promotion - the second part of the workshop provided an overview of the different types of projects funded in this theme for the current programming period. It included presentations of projects relating to the sub-theme ‘active and healthy ageing’: ‘Green Care Farms’ (Poland) and ‘Let us be active!’ (Interreg Central Baltic) and a summary of the peer review day. This part focused on presenting specific examples on how the ESIF are used to support the health promotion.

3. A breakout session provided an opportunity for all participants to discuss in smaller groups key elements of project planning, the relationship of projects with challenges in this theme and policy goals, and the challenges and opportunities related to project implementation. This session also provided an opportunity for discussing how the ESIF can best support the needs of this theme in the future.

In contrast to the peer review, the workshop focused more broadly on the health promotion challenges in Europe and the opportunities for the ESIF to address these challenges. European countries face common health promotion challenges that cover a broad spectrum. They can be largely grouped into the following categories:

- Lifestyle behaviours;
- Environmental Factors;
- Ageing population;
- Chronic diseases;
- Mental Health;
- Nutrition and diet;
- Promoting sustainable workplace health and safety.

The spending trends identified during the mapping activities of the ESI Funds for Health project indicated that this theme is the largest among the six health-related themes covered by the research, both in terms of the number of supported projects and in terms of their total budget. The peer review highlighted that the ESI funds are used to fund projects that are innovative, new or untried on a national level, that build on existing collaborative networks, and that work on areas in which national governments are reluctant to address the challenges. This indicates that the ESI funds are being used as an essential funding stream to tackle health promotion activities and that the use of funds was extremely beneficial to countries who wanted to trial a project before scaling up to national level with national funding replacing the ESI funds (e.g. more regions of Poland are planning to follow the model of the Green Care Farms).

Another major message emerging from discussions is that health promotion is a difficult area for project funding. Not only is the field of health promotion wide, covering a diverse range of chronic diseases and...
other health related problems. But, the tools and techniques for adequate health promotion programmes are also many and varied. **The need to find what works, when, and for whom is as pressing as the need for funding.** In one sense using ESI funding as a method of scaling up seemed a sensible approach to the participants. However, each participant spoke of the limited resources available in national ministries or institutes for health promotion. The challenge regards both human as well as financial resources. Therefore, financial programmes should be complemented by other coordinated approaches. For example, **possible connections between different ESI funds’ objectives (ESF which focus on human resources) and other funds should be explored** as a method of ‘upscaling’ efforts to develop health promotion either within a member state or across a region.

Participants of the workshop provided several suggestions to address the above-mentioned challenges. Some suggested that ESI funds should support projects in partner countries sharing similar concerns, but they also mentioned that in these cases **there should be more coordination between projects to capture and disseminate key learning points** and that this was fundamental to avoid duplicative efforts and to streamline both funding and knowledge dissemination.

Some participants also mentioned that the ESI also need to fund projects for longer duration than four or five years. The participants at the workshops felt that there should be a more ambitious approach to allocating funds for health promotion. Some participants believed that this could either meant making it easier to use different funding streams to fund different parts of the project or simply that once the key epidemiological basis was proved, ESI funds should be able to step in with concrete long-term funding to deliver short, medium, and long-term results that will improve the living, working, and social conditions in Europe that underpin good health and wellbeing for all.

Finally, a key concern for the participants was the issue of sustainability of projects and results. There is a clear need to maintain access to different types of funding and different sources of funding. This goes hand in hand with the need to maintain connections with all stakeholders, authorities, and ministries involved in the project. The project-focused requirements of the ESI funds are a good mechanism to get projects developed and started. However, this ultimately creates a strict and short timescale for the project and the deliverables. Some participants believed that this ‘life-space’ of the project needs to be extended and the ESI funds should focus on thinking outside of the political time-span of four or five years.

The need to include connection with different and innovative financial instruments to help sustain projects was also discussed by participants on both days of the Zagreb workshop. Participants mentioned the need for more strategic level thinking and planning at the EU level. This was particularly evident in terms of coordination between projects on the same topic and on setting a vision for common European solutions and skills development to help find answers to shared problems.

**Supporting the health workforce**

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

Midway through the 2014-2020 funding period, 275 projects supporting the health workforce have been funded, across 20 Member States. Almost half of these projects (45%) are in Poland and Italy, followed by a considerable number in Spain, Romania and Bulgaria. Twelve relevant projects are also financed under the Interreg A cooperation programmes. For the actual spending on health workforce projects, the picture varies considerably by Member State. The total expenditure (EU funds and any Member State co-financing) for all health workforce projects identified is around EUR 979 million, while the average project budget is approximately EUR 3.6 million. The largest projects on average are found in Croatia and Greece, at EUR 38 million and EUR 14 million respectively, reflecting earmarking of significant funding for grants for training of medical professionals in regional or local institutions.
The projects vary considerably in scope and scale. Some are small-scale, locally-driven efforts to build specific skills but there are also health workforce training initiatives carried out more widely. These typically aim to address shortages of qualified medical professionals, working together with national education systems to ensure that students and recent graduates get the theory and practice they need to qualify and join the workforce. Such projects can be found in many Central and Eastern Member States, including Bulgaria, Romania, Latvia, Poland and Slovakia.

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?

Health workforce workshop

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. theme 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. Additional representatives from the Ministry of Health also 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 51 core 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 organisations who attended both days of the event is contained in Annex 3 and a full summary of the discussions is available in Annex 5.

Summary and analysis of the outcomes of the workshop

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 specialities.
- 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 specialities, 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:

3. 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.

4. 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:
  o Shortages of different health professionals;
  o Geographical maldistribution of the health professionals;
  o Skills mismatch;
  o Ageing workforce;
  o Challenges with recruitment and retention.

• External to the health workforce:
  o Ageing of the population and changing care demands;
  o Mobility of the health workforce in Europe;
  o 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: Workshop agendas

### Access to healthcare Workshop

**Peer review**

27 September 2018  
Hotel Vila Galé Albacora, Tavira, Portugal

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>9:00-9:30</td>
<td>Registration</td>
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| 09:30-10:00| **Welcome and introduction**  
*Dr. Paulo Morgado, Chair, Board of Directors of the Regional Health Administration of Algarve and Rosa Castro, Milieu* |
| 10:00-10:15| **Introduction of participants**  
*Geoff Wykurz, EuroHealthNet, Moderator* |
| 10:15-11:15| **Presentation of the host project ’Proximity Healthcare Units’**  
Questions and discussion  
*Dr. Paulo Morgado, Chair, Board of Directors of the Regional Health Administration of Algarve* |
| 11:15-11:30| **Coffee break** |
| 11:30-12:00| **Peer project 1** - presentation and short discussion  
*Patrick Rousseau, Proximity Labs project, BE* |
| 12:00-12:30| **Peer project 2** - presentation and short discussion  
*Virginie Bellefroid, MOBI project, Interreg A* |
| 12:30-13:30| Lunch |
| 13:30-14:00| **Peer project 3** - presentation and short discussion  
*Martin Malcolm, RemoAge project, Interreg Northern Periphery and Arctic Programme* |
| 14:00-14:30| **Peer project 4** - presentation and short discussion  
*Homer Papadopoulos, RemoteCARE project, Interreg EL/BG* |
| 14:30-15:00| Managing Authority experience  
*Marco Brintazzoli, Tuscany Region, IT* |
| 15:00-15:15| **Coffee break** |
| 15:15-16:30| **Moderated discussion** |
| 16:30-17:00| **Conclusions and summary of key lessons learned**  
*Geoff Wykurz, EuroHealthNet* |
| 19:00| **Networking dinner** |
Access to healthcare Workshop  
Thematic Workshop  
28 September 2018  
Hotel Vila Galé Albacora, Tavira, Portugal

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
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| 09:30-09:45   | Welcome and Introduction  
                 Dr. Paulo Morgado, Chair, Board of Directors of the Regional Health Administration of Algarve & Rosa Castro, Milieu |
| 09:45-13:00   | Plenary  
                 Geoff Wykurz, EuroHealthNet, moderator |
| 09:45-10:15   | EU Health Policy cooperation for Access to Healthcare  
                 Katarzyna Ptak, DG SANTE, European Commission |
| 10:15-10:45   | ESI Funds for Health: overview of statistics and findings  
                 Rosa Castro, Milieu |
| 10:45-11:00   | ESI funds and the new MFF: an overview of the future plan  
                 Dorota Sienkiewicz, EuroHealthNet |
| 11:00-11:30   | Coffee break                                                          |
| 11:30-12:00   | Presentation of the host project ‘Proximity Healthcare Units’  
                 Dr. Paulo Morgado, Chair, Board of Directors of the Regional Health Administration of Algarve |
| 12:00-12:15   | Presentation of the project CoNSENSo,  
                 Paola Obbia, Regional Health Authority of Piemonte, IT |
| 12:15-13:15   | Panel discussion  
                 • Dr. Paulo Morgado, Proximity Healthcare Units, PT  
                 • Paola Obbia, CoNSENSo project, IT  
                 • Patrick Rousseau, Proximity Labs project, BE  
                 • Virginie Bellefroid, MOBi project, Interreg A  
                 • Homer Papadopoulos, RemoteCARE project, Interreg EL/BG  
                 • Martin Malcolm, RemoAge project, Interreg Northern Periphery and Arctic Programme  
                 • Marco Brintazzoli, Tuscany Region, IT |
| 13:15-14:15   | Networking lunch                                                       |
| 14:15-14:30   | Questions for the breakout sessions - Dorota Sienkiewicz, EuroHealthNet |
| 14:30-15:30   | Breakout sessions: Moderated discussion on key elements related to policy goals, project planning, challenges and good practices of ESI Funded projects |
| 15:30-15:45   | Coffee break                                                          |
| 15:45-16:15   | Summary of the breakout sessions - Dorota Sienkiewicz, EuroHealthNet   |
| 16:15-16:30   | Concluding remarks - Geoff Wykurz, EuroHealthNet                      |
# Health system reform

**Peer review**

Thursday 24 May 2018

Psychiatric Clinic, 1st Medical Facility, Charles University

Ke Karlovu 11, Prague 2, Czech Republic

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<tr>
<td>09:30-10:00</td>
<td>Welcome and introduction</td>
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</table>
| 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                                                                  |
| 13:00-14:00     | Peer review - ESI-funded projects in the area of health system reform  |
| 14:00-15:00     | 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 Christodouloupolou, MERIMNA in the Development of EU Programmes, 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                     |
| 17:00-17:15     | Summary and conclusions                                                |
*Dorota Sienkiewicz, EuroHealthNet* |
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>17:15-17:45</td>
<td>Walk to the Fokus Mental Health Care Centre</td>
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<tr>
<td>17:45-18:45</td>
<td>Guided visit to Fokus Mental Health Care Centre (Vníslavova 48/4, Prague 2)</td>
</tr>
<tr>
<td>19:00</td>
<td>Networking dinner - Café Ad Astra (Podskalská 8, 128 00, Prague 2)</td>
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</tbody>
</table>
Health system reform

Thematic workshop

Friday 25 May 2018

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>Registration and coffee</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Welcome and introduction</td>
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<tr>
<td></td>
<td>09:30 - 09:45 Sarah O’Brien, Milieu</td>
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<tr>
<td></td>
<td>09:45 - 10:00 Mgr. Dana Jurásková, Director, General University Hospital</td>
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<tr>
<td></td>
<td>Part 1: Plenary</td>
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<tr>
<td>10:00-10:30</td>
<td>Health system reform - EU policy background</td>
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<td></td>
<td>Sylvain Giraud, DG SANTE, European Commission</td>
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<tr>
<td>10:30-11:00</td>
<td>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</td>
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<td>10:30 - 10:45 Pavel Novak, Mental Health Europe</td>
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<td></td>
<td>10:45 - 11:00 Ines Bulic, European Network on Independent Living</td>
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<td></td>
<td>11:00 - 11:15 Andreja Rafaelič, University Ljubljana</td>
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<tr>
<td></td>
<td>11:15 - 11:30 Daniela Matějková, Head of Strategy, and Dita Protopopova, guarantor, project Deinstitutionalisation; Czech Ministry of Health</td>
</tr>
<tr>
<td>11:30-12:00</td>
<td>Questions and discussion</td>
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<tr>
<td></td>
<td>• What are the key health system reform needs in EU Member States?</td>
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<td></td>
<td>• How can ESI Funds address these needs?</td>
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<tr>
<td>12:00-13:00</td>
<td>Networking lunch</td>
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<tr>
<td>13:00-13:30</td>
<td>ESI Funds for Health: overview of statistics and findings</td>
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<tr>
<td></td>
<td>Zuzana Lukacova and Sarah O’Brien, Milieu</td>
</tr>
<tr>
<td>13:30-14:30</td>
<td>Changing thinking, changing systems - project introducing multidisciplinary approach and developing new services in Mental Health Centres in the Czech Republic</td>
</tr>
<tr>
<td></td>
<td>Jan Pfeiffer, Ministry of Health, Czech Republic</td>
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<tr>
<td></td>
<td>Summary of the peer review discussions</td>
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<td></td>
<td>Dorota Sienkiewicz, EuroHealthNet</td>
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<tr>
<td>Time</td>
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<tr>
<td>14:30-14:45</td>
<td>Coffee break</td>
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<tr>
<td>14:30-14:45</td>
<td>Part 2: Breakout sessions</td>
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<tr>
<td>14:45-15:45</td>
<td>Three parallel breakout sessions, focusing on specific aspects of ESI funds in health system reform:</td>
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<tr>
<td></td>
<td>1. Working with regions and beneficiaries in health system reform <em>(Facilitator: Andreja Rafaelić)</em></td>
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<td></td>
<td>2. Coordinating health and social services in achieving the shift from hospital and institutional care <em>(Facilitator: Laszlo Nemeth, Director General, National Healthcare Services Center, Hungary)</em></td>
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<td></td>
<td>3. Coordinating investments from ERDF and ESF <em>(Facilitator: Ines Bulić)</em></td>
</tr>
<tr>
<td>15:45-16:30</td>
<td>Summary and conclusions of the event: ESI Funds support for the health system reform now and after 2020</td>
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<td></td>
<td><em>Sarah O’Brien, Milieu</em></td>
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</table>
# e-health Workshop

## Peer review

18 September 2018  
Duna Palota (Budapest, Zrínyi utca 5.)

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>9:00-9:30</td>
<td>Registration</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Welcome and introduction</td>
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<tr>
<td>09:30-10:00</td>
<td><em>National Healthcare Services Center &amp; Milieu</em></td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>Presentation of the project ‘EESZT’, part I</td>
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<tr>
<td>10:00-10:45</td>
<td><em>Ministry of Human Capacities, Ministry of Internal Affairs, National Infocommunications Service Company</em></td>
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<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Presentation of the project ‘EESZT’, part II</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Questions and discussion related to the project</td>
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<tr>
<td>11:00-12:00</td>
<td><em>National Healthcare Services Center</em></td>
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<tr>
<td>12:00-13:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:00-14:30</td>
<td>Peer review session 1 - presentations and short discussion</td>
</tr>
</tbody>
</table>
| 13:00-14:30   | • *Regional Development in Welfare Technology and e-health services in cooperation, Sweden*  
| 13:00-14:30   | • *eMEN - Netherlands, Interreg North West Europe*                      |
| 13:00-14:30   | • *Electronic Health Record, Greece*                                   |
| 14:30-14:45   | Coffee break                                                           |
| 14:45-16:00   | Peer review session 2 - presentations and short discussion              |
| 14:45-16:00   | • *DigitalLife4CE, Interreg Central Europe*                             |
| 14:45-16:00   | • *Master Patient Index, France*                                       |
| 16:00-16:30   | Moderated discussion and summary of key lessons learned                 |
| 16:00-16:30   | *Milieu*                                                               |
| 18:00         | Networking dinner                                                      |
# e-health Workshop

## Thematic Workshop

19 September 2018  
Duna Palota (Budapest, Zrínyi utca 5.)

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>Registration</td>
</tr>
</tbody>
</table>
| 09:30-09:45  | Welcome and introduction  
               | *Ministry of Human Capacities Services Center & Milieu*               |
| 09:45-10:30  | **Part 1: Plenary**  
               | Policy developments and ESI Funds priorities related to the uptake of e-health  
               | technologies  
               | *Sylvain Giraud and Katja Neubauer, DG SANTE, European Commission* |
| 10:30-11:00  | Challenges to the uptake of e-health and digital solutions in the EU and the role of the ESI Funds  
               | *Keynote speaker, to be announced*                                    |
| 11:00-11:15  | Coffee break                                                           |
| 11:15-11:45  | ESI Funds for Health: overview of statistics and findings  
               | *Milieu*                                                              |
| 11:45-12:45  | Panel discussion consisting of:  
               |  *Short presentations of the projects discussed during the first day of the workshop*  
               |  *Short presentation of the project EmpowerKids (Interreg Central Baltic)*  
               |  *Summary of the peer review discussions (Milieu)*  
               |  *Questions*                                                          |
| 12:45-14:00  | Networking lunch                                                       |
|              | **Part 2: Breakout sessions**                                         |
| 14:00-15:30  | 2 parallel breakout sessions discussing the challenges, opportunities, lessons learned and key messages about the use of ESI Funds to support e-health.  
               | *Facilitators: Milieu*                                               |
| 15:30-15:45  | Coffee break                                                           |
| 15:45-16:30  | Reporting back from the breakout sessions  
               | *Summary and conclusions of the event*  
               | *Milieu*                                                              |
## Research and Innovation in health Workshop

**Peer review**

June 20, 2018  

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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</thead>
</table>
| 09:30-10:00 | Welcome and introduction  
*Amphia Hospital & Milieu* |
| 10:00-11:00 | Presentation of the host project ‘i-4-1-health  
*Professor Jan Kluytmans, Project coordinator i-4-1 health project* |
| 11:00-12:00 | Peer project session 1 - presentation and short discussion of projects related to products and processes in health and the life sciences and clinic-industria-academia collaborations:  
- Health-i-care (Interreg DE, NL)  
- BONE-Bio-Fabrication of Orthopedics in a New Era (Interreg FR-CH)  
- Fast breast check (IT Region, tbc)  
*Facilitator: Joanna Lane, Health ClusterNET* |
| 12:00-13:00 | Lunch |
| 13:00-14:30 | Site tour: on-site demonstration of the IRIS scan  
*With the participation of Professor Jan Kluytmans* |
| 14:30-15:00 | Peer project session 2 - presentation and short discussion of projects related to research infrastructures  
- COILED (NL)  
- REFBIO II (Interreg Spain-France-Andorra)  
*Facilitator: Rosa Castro, Milieu* |
| 15:00-15:30 | Coffee break |
| 15:30-15:45 | Open discussion |
| 15:45-16:15 | Summary of key lessons learned  
*Milieu* |
| 16:15-16:45 | Networking dinner *Restaurant Zuyd, Ginnekenweg 35, 4818 JA Breda, Netherlands* |
## Research and Innovation in health Workshop
### Thematic Workshop

**June 21, 2018**  
Boven Breda. Schoolstraat 2. Breda, The Netherlands

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
</tr>
</thead>
</table>
| 09:30-09:45 | Opening  
             *Amphia Hospital and Milieu*  
Part 1: Plenary |
| 09:45-10:15 | Research and Innovation: the role of EU Regions and the case of Research and Innovation in Personalised Medicine  
*Gianpetro Van de Goor, European Commission, DG-Research* |
| 10:15-10:45 | Policy developments and ESI Funds priorities related to research and innovation in health and the life sciences  
*Loukianos GATZOLIUS, European Commission, DG-SANTE* |
| 10:45-11:15 | Stairway to Excellence (S2E): Options for Synergies between ESIF & H2020  
*Nida Kamil Özbolat, Joint Research Centre* |
| 11:15-11:30 | Coffee break |
| 11:30-11:45 | Presentation of the project ‘i-4-1 health’  
*Professor Jan Kluytmans*  
Panel with beneficiaries from exemplary projects and summary of the peer review discussions  
*Moderator: Rosa Castro, Milieu* |
| 12:15-13:15 | Networking lunch |
| 13:15-14:00 | ESI Funds for Health: overview of statistics and findings from the project work  
*Rosa Castro and Agnieszka Markowska, Milieu* |
| 14:00-14:30 | Challenges and opportunities for the use of ESI Funds to support Research and Innovation in health and the life sciences  
*Joanna Lane, Health ClusterNET* |
| 14:30-15:30 | Part 2: Breakout sessions  
Parallel breakout sessions discussing the challenges, opportunities, lessons learned and key messages about the use of ESI Funds to support research and development related to innovative products and processes, clinic-industry collaboration and research infrastructures |
| 15:30-15:45 | Coffee break |
| 15:45-17:00 | Summary and conclusions of the event  
*Joanna Lane, Health ClusterNET* |
# Health promotion Workshop

**Peer review**

14 June, 2018

University of Zagreb School of Medicine, Andrija Stampar School of Public Health

Rockefellerova 4, Classroom A

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>9:00-9:30</td>
<td>Registration</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Welcome and introduction&lt;br&gt;&lt;br&gt;<em>Milieu and a representative of the Croatian Institute of Public Health</em>&lt;br&gt;Presentations of the project ‘Healthy Living’: objectives and planning</td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>Questions and discussion&lt;br&gt;&lt;br&gt;<em>Croatian Institute of Public Health</em>&lt;br&gt;Presentations of the project ‘Healthy Living’: practical implementation, challenges and good practices</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Questions and discussion&lt;br&gt;&lt;br&gt;<em>Croatian Institute of Public Health</em>&lt;br&gt;Presentations of the project ‘Healthy Living’: practical implementation, challenges and good practices</td>
</tr>
<tr>
<td>12:00-13:30</td>
<td>A tour around the Croatian Institute of Public Health and lunch</td>
</tr>
<tr>
<td>13:30-15:30</td>
<td>Peer review&lt;br&gt;&lt;br&gt;<em>Moderator: Dr. Mojca Gabrijelčič-Blenkuš, EuroHealthNet</em>&lt;br&gt;Peer project 1 - presentation and a short discussion&lt;br&gt;Complex health promotion and disease prevention measures, Latvia&lt;br&gt;Peer project 2 - presentation and a short discussion&lt;br&gt;Together for responsible attitude towards alcohol drinking (TRADAD), Slovenia&lt;br&gt;Peer project 3 - presentation and a short discussion&lt;br&gt;Baltic cities tackle lifestyle related diseases, Interreg Baltic Sea&lt;br&gt;Peer project 4 - presentation and a short discussion&lt;br&gt;Capas Cité, Interreg project (France-Spain)</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>Coffee break</td>
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<tr>
<td>15:30-15:45</td>
<td>Moderated discussion and summary of key lessons learned</td>
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<td>Time</td>
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<tr>
<td>16:15-16:30</td>
<td>Conclusions&lt;br/&gt;Dr. Mojca Gabrijelčič-Blenkuš, EuroHealthNet</td>
</tr>
<tr>
<td>18:00</td>
<td>Networking dinner and a guided tour of Zagreb</td>
</tr>
</tbody>
</table>
# Health promotion Workshop

**Thematic workshop**

15 June, 2018

*University of Zagreb School of Medicine, Andrija Stampar School of Public Health*

*Rockefellerova 4, Classroom A*

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
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<tbody>
<tr>
<td>08:45-09:15</td>
<td>Registration</td>
</tr>
<tr>
<td>09:15-10:00</td>
<td>Opening</td>
</tr>
<tr>
<td></td>
<td><em>Milieu and the representatives of Croatian Ministries</em></td>
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<tr>
<td>10:00-13:00</td>
<td>Plenary</td>
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<tr>
<td></td>
<td><em>Moderator: Dr. Mojca Gabrijelčič-Blenkuš, National Institute of Public Health Slovenia (NIJZ) and EuroHealthNet</em></td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Policy developments and ESI Funds priorities related to the theme ‘Active and healthy ageing, workplace health and safety, health promotion, disease prevention and disease management’</td>
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<tr>
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<td><em>Katarzyna Kielar-Kowalczyk and Stefan Schreck, European Commission</em></td>
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<tr>
<td>10:30-11:00</td>
<td>Keynote-style presentation related to the theme ‘Active and healthy ageing, workplace health and safety, health promotion and disease prevention’</td>
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<td><em>Dr. Sanja Musić Milanović, Head of Division for Health Promotion, Croatian Institute of Public Health</em></td>
</tr>
<tr>
<td>11:00-11:15</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:15-11:45</td>
<td>ESI Funds for Health: overview of statistics and findings from the project work related to this theme</td>
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<tr>
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<td><em>Rosa Castro and Agnieszka Markowska, Milieu</em></td>
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<tr>
<td>11:45-12:00</td>
<td>The future competence demands for health promotion</td>
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<td><em>Kaija Matinheikki-Kokko, Health Promotion Programme, Interreg Central Baltic</em></td>
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<td>12:00-12:45</td>
<td>Panel discussion consisting of:</td>
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<td>• Short presentations of the projects discussed during the first day of the workshop (5 minutes per project, <em>project beneficiaries, including the host project</em>)</td>
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<td></td>
<td>• Two presentations by exemplary projects from the sub-theme ‘active and healthy ageing’</td>
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<tr>
<td></td>
<td>o Green Care Farms, Poland</td>
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<td>o Let us be active! Interreg Central Baltic</td>
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<tr>
<td>12:45-13:45</td>
<td>Networking lunch</td>
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<tr>
<td>13:45-14:15</td>
<td>• Summary of the peer review discussions from Day 1</td>
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<td></td>
<td>• Introduction to the breakout sessions: discussion questions</td>
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<td>Time</td>
<td>Agenda</td>
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<td>14:15-15:15</td>
<td><strong>EuroHealthNet</strong></td>
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<td>14:15-15:15</td>
<td>Breakout sessions: Room E and O</td>
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<td></td>
<td>• Discussion on key elements related to policy goals</td>
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<td>• Discussion on contribution of ESIF to this theme</td>
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<td></td>
<td>• Discussion on good practices and problems</td>
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<td></td>
<td><em>Moderators: Milieu &amp; EuroHealthNet</em></td>
</tr>
<tr>
<td>15:15-15:30</td>
<td>Coffee break</td>
</tr>
<tr>
<td>15:30-16:15</td>
<td>Summary and conclusions of the event</td>
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<tr>
<td></td>
<td>Main conclusions/responses to the discussion questions reported by the moderators of each group</td>
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<tr>
<td></td>
<td><em>Milieu &amp; EuroHealthNet</em></td>
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<td></td>
<td>Concluding remarks</td>
</tr>
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<td></td>
<td><em>Dr. Mojca Gabrijelčič-Blenkuš, National institute of Public Health Slovenia (NIJZ) and EuroHealthNet</em></td>
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# Health workforce Workshop

**Peer review**  
16 May 2018  
Ministry of Health  
pl. Sveta Nedelya 5, 1000 Sofia

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09:15-09:30</td>
<td>Registration</td>
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</table>
| 09:30-10:00 | Welcome and introduction  
  09:30 - 09:45 Milieu  
  09:45 - 10:00 Deputy Minister of Health, Bulgaria |
| 10:00-10:15 | Part 1: ESI funded projects  
  Brief introduction Milieu |
| 10:15-10:45 | ‘Specialisation in health’  
  Ministry of Health, Bulgaria |
| 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’  
  Medical Centre for Post-Diploma Education, Poland |
| 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’  
  Ministry of Health, Latvia |
| 11:30-12:00 | Questions and discussion of good practices and challenges |
| 12:00-13:00 | Networking lunch |
| 13:00-13:15 | Part 2: Experiences from other countries  
  Brief introduction Milieu |
| 13:15-13:30 | Overview of experience  
  Ministry of Health, Lithuania |
| 13:30-13:45 | Overview of experience  
  National Institute for Health Development, Estonia |
| 13:45-14:15 | Questions and discussion |
| 14:15-14:30 | Coffee break |
| 14:30-14:45 | Overview of experience  
  Ministry of Health, Slovakia |
| 14:45-15:00 | Overview of experience  
  National Agency for Regional Health Services, Italy |
| 15:00-15:45 | Questions and discussion |
| 15:45-16:30 | Open discussion and summary of key lessons learned |
| 19:00 | Networking dinner, Shtastliveca - Vitosha Boulevard restaurant, 27 Vitosha Blvd. 1000 Sofia |
Health workforce Workshop
Thematic Workshop
17 May 2018
Essence Centre
Ul. 6-ti Septemvri 37, 1000 Sofia (inner yard)

<table>
<thead>
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<tr>
<td>09:15-09:30</td>
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<tr>
<td>09:30-10:00</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td></td>
<td>09:30 - 09:45 Jennifer McGuinn, Milieu</td>
</tr>
<tr>
<td></td>
<td>09:45 - 10:00 Deputy Minister of Health, Bulgaria</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Part 1: Policy challenges and ESI Funds spending</td>
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<tr>
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<td>Policy context on Health Workforce cooperation at the EU level</td>
</tr>
<tr>
<td></td>
<td>Katarzyna Kielar and Constantin-Ovidiu Dumitrescu, DG SANTE, European Commission</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>ESI Funds for Health: overview of preliminary findings</td>
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<tr>
<td></td>
<td>Mariya Gancheva and Rosa Castro, Milieu</td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Questions and discussion</td>
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<tr>
<td>11:30-12:15</td>
<td>Health workforce needs in the EU and the role of the ESI Funds: an overview from experts of the Joint Action Health Workforce (JAHW)</td>
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<td></td>
<td>Marieke Kroezen, Erasmus Medical Centre Rotterdam, NL</td>
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<td>Paolo Michelutti, National Agency for the regional Health Services, IT</td>
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<td>Dora Kostadinova, Medical University of Varna, BG</td>
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<td>12:15-12:30</td>
<td>Questions and discussion</td>
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<td>12:30-13:30</td>
<td>Networking lunch</td>
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<td>Part 2: How can ESI Funds support the health workforce?</td>
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<td>13:30-14:00</td>
<td>Presentation of the projects: ‘Specialisation in health’ and ‘Improving conditions for treatment of emergency’</td>
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<td>14:00-14:30</td>
<td>Summary of the peer review discussions</td>
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| 14:30-15:30   | Parallel breakout sessions discussing the role of ESI Funds in addressing health workforce needs in the EU. Each group will discuss the following questions:
|               | • What are the workforce planning challenges in the different Member States? |
|               | • How can these challenges be addressed?                                |
|               | • What is the specific role ESI Funds can play in addressing these challenges? |
|               | • How to ensure that ESI Funds best support the health workforce?       |
| 15:30-15:45   | Coffee break                                                            |
| 15:45-16:30   | Summary and conclusions of the event:                                   |
|               | ESI Funds support for the health workforce now and after 2020            |
|               | Milieu                                                                  |
Annex 2: Workshop participant lists

*List of participants ‘access to healthcare’ workshop
Peer review/Day 1*

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### Thematic workshop/Day 2

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List of participants ‘health system reform’ workshop

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## List of participants ‘e-health’ workshop

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List of participants ‘research and innovation’ workshop

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### List of participants ‘health promotion’ workshop

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#### Day 2 - Workshop

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List of participants ‘health workforce’ workshop

**Peer review/Day 1**

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**Thematic workshop/Day 2**

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### Annex 3: Workshop table of participants per country

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Annex 4: Participant evaluation of workshops

Below are presented short summaries of the evaluation forms received for the different workshops. They are presented in the order in which the workshops took place, to demonstrate how we adapted the structure of the workshops based on the participants’ feedback. For example, the earlier workshops mentioned that they would have liked more time to discuss things in smaller groups, and we adapted later workshops to give more time for this.

Health workforce
Evaluation forms were 80% positive. Participants said that presentations were helpful, both from projects involved in the peer review and the managing authority. They said that networking opportunities had been very useful and were much appreciated.

Health system reform
Evaluation forms were over 80% positive. Participants mentioned in particular that there could have been more time dedicated to discussion in smaller groups. They also said that they found sharing of experience between different countries very useful, both through presentations and through networking.

Health promotion
Evaluation forms were very positive in general, with participants reacting particularly positively when asked if they had learnt new things at the workshop. Participants mentioned that they would like to have had more group work, and more time for networking with projects from other Member States. Certain participants mentioned that they expected to have more information about future EU funding and how to receive funding. Several called for a longer event with more information about projects.

Research and innovation in health
People seemed to be mostly very satisfied with the workshop. All the questions received more than 70% positive responses. Participants enjoyed most the presentations that mixed theory and practice. It was mentioned that it may be better to refrain from being too technical in presentations, as not all participants have the same background knowledge. When offered the opportunity to say what they had found most relevant in the workshop, responses varied a lot and covered most of the elements of the day - from the European Commission presentations about accessing structural funds, to the discussion of good practice in using ESIF to networking opportunities.

e-health
Participants said that they appreciated the opportunity to learn about projects similar to their own, facing similar challenges. Some said that the workshop had helped them to better compare their own country’s health system with that of other countries. It was also mentioned that it could be useful to have more workshops similar to this one, perhaps on a regular basis, to help create more links between Member States.

Access to healthcare
Participants were positive about the workshop. They noted that they appreciated learning about projects in other Member States that were facing similar challenges and obstacles to themselves, and discussing how to overcome those challenges. More examples of good practices would have been appreciated. Participants mentioned that they had learnt about the EU semester process during the session. Others said that they will look for similar projects in other Member States before beginning a new project in the next programming period.
Annex 5: Summary of workshops

Access to healthcare peer review

The peer review was built around presentations by representatives from ESI-funded projects from different Member States. Participants introduced the objectives and structure of their projects as well as the challenges they faced. The discussion allowed participants to talk further about their experiences, shared difficulties and ideas for best practice. In the first session, Dr Morgado, from the Algarve Regional Health Authority, presented the host project (mobile health units in Algarve, Portugal). The presentation was followed by discussion and five other presentations about other projects from around the European Union.

Presentations
Presentation of the host project “Mobile health units” by Dr Paulo Morgado, Chair of the Board, Algarve Regional Health Authority

- Dr Morgado began by explaining how diverse health needs pose a big challenge for delivering primary care services the Algarve region. For instance, there is a higher infant mortality in rural areas of Algarve compared to other rural areas of Portugal. In addition, there are some specific issues that need better attention - cancer, infant mortality, ageing related conditions, suicide rates higher than average, malignant tumors, pneumonia, breast cancers, CVDs, chronic liver diseases. Overall, there were 4 main challenges or triggers for the project on proximity (mobile) healthcare units: age, isolation, low-income and lack of transport.

- Given these needs, there is a growing need for prevention and primary care and it is especially important to reach out to people in difficult social situations and living on remote and isolated geographical areas.

- The project was implemented through a close collaboration within the region and local authorities. The beneficiaries are the regional administration authority, inter communal network, municipalities, in the first stage 7-8 of them, then 4 more added - currently 10 mobile units through 18 municipalities.

- The aim is to increase access to high-quality healthcare for people.

- An important challenge as well as an eventual success factor for the project was the knowledge about the specific population the project is supporting. Rural populations tend to emphasise functional aspects of health, especially the ability to work and to fulfil social roles - relevant for agriculture, food production. In this context, health interventions assume a key role to enable people to keep participating in their daily life and contribute by fulfilling their social roles, which is an important aspect for healthy ageing.

The presentation was followed by discussion about the following issues

- The profile of the team on the mobile units. There is a doctor and nurse, but the profile of the team is adaptable to add physiologist, psychologists, to have a more personalised approach and to meet local health needs.

- The medical equipment in the units. There are some diagnostic tools, which allow to do simple tests like blood tests, diabetes. More could be added in the future and the coordinators were looking forward to having more feedback on this aspect.

- Types of services provided. While the proximity units are mainly about primary care; prevention is another key aspect, so some screenings will be done closer to the people.

- Managing the infrastructure in terms of setting up schedules, allocating budgets and managing the personnel. Existing teams and procedures have been adapted to meet the local needs.
• Human resources. The teams were already available and the whole system at place already. The main added value was to foster an already existing collaboration between the region and the municipalities. Additional funds allowed to cover, increase the impact, and overall to reinforce an existing collaboration.

• Challenges and success factors. Health professionals and local communities were consulted about the initiative and were very positive. Personal and professional satisfaction of all involved personnel is a very important success factor.

Presentation of the project “Proximity labs or city labs” by Patrick Rousseau, Belgium

• This project is developing a next generation of care centres, which rely on point of care testing and support the transfer of innovations from laboratory medicine to primary care.

• Rather than creating a new network, this project relies on the existing network of point of care testing.

• With the support of the ERDF and the Brussels region, a large group of partners including clinics, universities and a professional medical association, is developing better digital health tools and methods, which support this transition to innovative point of care units.

• The project aims at creating a label called ‘city lab’, which guarantees the same quality of care across the EU and provides an innovative and (financially) sustainable business model for this care.

Presentation of the “MOBI” project (Interreg) by Virginie Bellefroid

• This project brings together several partners in the Interreg Euregio Maas-Rhein (EMR) programme to support people with mental disabilities (dual diagnosis).

• The project aims at increasing the quality of care and inclusion for people with dual diagnosis within the EMR and at the same time to increase the education of professionals involved with providing care and assistance to people with dual diagnosis and their families.

Presentation of the RemoAge project and the iSolutions to isolation project, Interreg Northern Periphery and Arctic Programme by Martin Malcolm, NHS Western Isles, Scotland, UK

• These projects aim at tackling social isolation among older people in remote areas.

• Common challenges identified are the low population density and low accessibility of these regions. By developing a range of support packages, these projects supported people with dementia and other frail older people (Remoage) and older people living in conditions of social isolation in remote areas of northern Europe.

• The existence of a common strategic framework was key to support research and innovation, access to ICT and at the same time to promote social inclusion and enhance the institutional capacities of public authorities.

Presentation of the Remote Care project (Interreg), Bulgaria and Greece by Dr Homer Papadopoulos, NCSR Demokritos

• The project is tackling common policy challenges between regions in Greece and Bulgaria and aims at improving primary care services and improve social inclusion by introducing mobile health units for social groups that are not able to reach the nearest primary health centres.

• The mobile units are supported by innovative ICT tools for recording patient’s data and history. Whereas no healthcare services are performed in the mobile units, the units support homecare services, transportation issues and remote monitoring.

Presentation of the regional model to support frail people and caregivers at hospital discharge in the Tuscany region (ACOT), by Marco Brintazzoli, Head of Cabinet, Ministry for Citizenship Rights and Social Cohesion, Tuscany Region
• This project aims at supporting frail people and caregivers at hospital discharge; it is benefiting 40,000 patients taken out of hospitals.
• The ACOTs (continuity agencies) can help providing home care, residential intermediate care, home rehabilitation and temporary care in social and healthcare facilities for people needing support after hospital discharge.
• The aim is to consolidate a multidisciplinary and complementary system that takes care of more people out of hospitals, allowing patients to quickly regain their autonomy, improve their quality of life, and prevent hospitalisation. This system can be potentially used for other types of beneficiaries beyond people over 65 years with temporary limitations to their autonomy at hospital discharge; the system could potentially benefit the elderly, chronically ill and disabled.

Discussions
• Participants discussed the challenges in obtaining ESI Funds. Several participants explained that this process was very difficult; writing proposals is a challenge, and administrative procedures were not easy to navigate. However, other participants referred that from the point of view of public authorities, some of the requirements, such as requiring a strategy as one of the ex-ante conditionalities was a positive factor to secure the sustainability of projects and to have a clear vision on the needs before using the funds.
• Participants also discussed how ESI Funds could address new needs and sustainable approaches by providing solutions that are closer to citizens, communities and local governments.
• Another aspect that was discussed was the importance of ESI Funds in giving many projects enough boost to be tested. ESI Funds were viewed as a safe way to pilot certain solutions to health problems.
• In the area of access to healthcare, the projects presented during the peer review showed how different regions across the EU are facing similar challenges (e.g. Algarve, Tuscany, Northern regions). Funding and providing the opportunity for testing different solutions was seen as an important added-value of the ESI Funds.

Access to healthcare thematic workshop

Presentations
Introduction and welcome: Rosa Castro, Milieu
• Dr Morgado open the event by welcoming participants to Tavira.
• Dr Castro 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.

Presentation: ‘ESI Funds for Health: overview of statistics and findings from the project work’
Rosa Castro, Milieu
• Rosa Castro started with a brief overview of some of the spending priorities for the theme of access to healthcare. This included a summary of the most common thematic objectives used under this theme, which were thematic objective 1 on strengthening research, technological development and innovation; thematic objective 2 on information and communication technologies; and thematic objective 9 on social inclusion and combatting poverty.
• This was followed by an overview of the statistics related to access to healthcare projects. In total, 923 projects were found in 16 Member States. These projects are very different in terms of budget and scope. Germany has a large number of small projects, with Portugal, Italy, Greece, Poland and Hungary also reporting significant numbers of projects. The total budget for all access to healthcare projects (ESI Funds and national co-financing) is EUR 1.3 billion (average project...
budget EUR 1.5 million). The highest spending on access to healthcare does not come from those countries with the largest numbers of projects. With the exception of Portugal and Hungary, the Member States with the greatest number of projects do not spend large amounts of funding.

- This was followed by an overview of the types of projects found under this theme. Most of the projects found in this theme are supporting interventions to increase access to healthcare for specific population groups and address distance, affordability and quality of services. Another group of projects is supporting health infrastructure, usually through hard (infrastructure) investment. Many projects, particularly those from Germany, focus on improving the skills and capacities of health workers to care for vulnerable groups. Just a few projects appear to directly target the reduction of unequal healthcare coverage.

- Dr. Castro concluded the presentation by reflecting on the significance of the findings for the purpose of understanding current spending trends while proposing questions to the audience in order to guide the discussions during the day. Proposed discussion questions ranged from understanding current spending trends in the light of policy priorities (including those of the European semester), to discussing the key factors behind successful projects, main challenges and recommendations for the next programming period in order to ensure that ESI Funds are used consistently and effectively.

EU Health Policy cooperation for Access to Healthcare, Katarzyna Kielar and Katarzyna Ptak, DG SANTE, European Commission

- Katarzyna Kielar explained how the EU funds are supporting health investments and how the EU Commission is working to support Member States’ health authorities to channel ESIF support to health. She explained that more than 40 million people are expected to benefit from better health services thanks to ESIF during 2014-2020.

- Ms. Kielar explained the role of DG SANTE with other services (DG REGIO and DG EMPL) to provide further support for the use of ESI Funds to support health investments, including through several funded projects that have mapped the scope of health investments with the use of ESI Funds during 2007-2013 and now during 2014-2020 (ESI Funds for health project).

- Ms. Kielar also explained the main aspects of the proposal for the next MFF, in which the current 11 thematic objectives are being transformed into 5. Specific objectives of the ESF+ and ERDF would be able to support better access to health care including through soft investments.

- Ms Katarzyna Ptak introduced the challenges of improving access to healthcare across the EU. She began by explaining how access is a multi-dimensional and complex issue and how different barriers to access exist at multiple levels (individual, health service, health systems and also beyond the health arena in sectors such as fiscal policy, social protection, employment, education and regional development).

- Ms Ptak explained how access is measured through several ways, including self-reported unmet medical needs of the population, percentage of out-of-pocket payments and other benchmarks. In response to such complex and growing needs for health and care, policy principles have been developed and an agenda that aims at building effective, accessible and resilient health systems has been put forward with the help of EU policy documents (for instance the Effective, Accessible and Resilient Health Systems Communication from the Commission of April 2014). More recently, the EU Pillar of Social Rights has emphasized the guiding principles for Member States and the EU to support access to healthcare.

- Ms Ptak also explained how access to healthcare has been tackled through the country specific recommendations (CSRs) developed within the European Semester.

- Finally, Ms Ptak explained a number of initiatives which aim at building more knowledge and better solutions for the complex problems of access to healthcare, for instance, through the ‘Expert Panel on Effective Ways of Investing in Health’, which developed several guiding

Panel discussion with project beneficiaries
The panel began with a short presentation of the ConSENSo project (Piedmont region, Italy) by Paola Obbia. This Interreg project (Alpine space) is providing care to older people and helping them to stay home while building on the central role of the family and the community nurses to provide care and improve the quality of life of elderly people and their families.

Participants in the peer review each gave a very brief summary of their project for those who had not been present on the previous day. This served to give concrete examples of how the ESI Funds are being used and fed into the participatory session that followed.

The presentation was followed by discussion with other project beneficiaries that participated and presented the projects during the peer review. In total, there were seven participants in the panel:
- Dr. Paulo Morgado, Proximity Healthcare Units, PT
- Paola Obbia, CoNSENSo project, IT
- Patrick Rousseau, Proximity Labs project, BE
- Virginie Bellefroid, MOBI project, Interreg A
- Homer Papadopoulus, RemoteCARE project, Interreg EL/BG
- Martin Malcolm, RemoAge project, Interreg Northern Periphery and Arctic Programme
- Marco Brintazzoli, Tuscany Region, IT

The moderator (Rosa Castro) asked the project beneficiaries the following questions: (1) who are the beneficiaries of your project and (2) who do you partner with on the project?

- Beneficiaries were mostly patients, but also a partnership of municipalities, public administrations, hospitals, populations living in remote areas, cross-border migrants, doctors and public authorities, NGO’s and industry.
- Among the partners were health and social health care providers, research institutes

Participants had the opportunity of asking questions to the panel: one participant from a patient’s group in Romania (Andreea Antonovic) asked how patients could be involved in these projects:

- The panellists discussed how several of them had involved patients at different levels, and what were some of the ethical implications of involving patients and organisations representing them. Other panellists explained that sometimes it is a challenge to involve patient groups. For instance, in the case of the project in the Algarve region, the focus of the project is not on one specific disease but rather on primary care. If a project has a wider impact on the population, it also needs to reach out to diverse groups representing all.

Another participant asked how short and long term outcomes were measured (Vania from Porto, NGO):

- Panellists explained how they used different measures for instance to compare the situation before and after an intervention, and what were the challenges of measuring the impacts of complex and long-term interventions. In many cases, indicators used were able to capture the outputs rather than the outcomes or final impacts of the interventions, at least on the short-term.

Breakout (participatory) session
All participants formed a circle and were involved in an active discussion facilitated by Geoff Wykurz. The session was guided by a number of questions that were highlighted by speakers and participants during both days of the event and that were written in two flipcharts (one in English and one in Portuguese) to help participants visualise the main themes and discussion questions that had emerged. Each participant
spoke from their own experience as health authority, managing authority, project beneficiary, representative of an NGO or other. Both Portuguese speaking and English speaking participants were present in the session and simultaneous translation was provided.

The following questions were written in the two flipcharts in front of the audience (one in English and one in Portuguese):

- Whose needs need to be met? How do you prioritise these needs?
- Who do you involve as partners? Are these mainly inter-sector, public-private, community/patients collaborations?
- How can ESIF help to support create the infrastructure to enable access? what sort of infrastructure is needed?
- How do you build sustainability into projects?
- What is meaningful evidence of impact for ESI Funded projects?
- What support would you need from the next programming period?

Geoff introduced the session by presenting the questions, which emerged during the discussions and by opening the floor for questions and comments.

- A person representing a patients’ organisation spoke first to comment that patients are often involved towards the end not from the beginning of projects. She also said that networking was key to enable the participation of patients.
- Another representative from a patient organisation added that ESI Funds are mostly inaccessible to patient organisations, and other NGOs, and that the system limits their participation given that many times open calls are actually often shaped already for bigger organisations. The participant mentioned that calls should be preceded with consultations from public authorities before those calls go out and added that patient organisations have expertise but also that transparency and participation were needed.

Next, Geoff asked if anybody else had experience in being approached by NGOs or patient organisation asking for support or offering to collaborate with an application for ESI Funds.

- A project beneficiary said they were approached by a patient’s organisation, which helped them better identified a need and the type of solution required. He mentioned that this should be promoted, in a similar way as H2020 calls portal, there is a partners’ portal. Given that ESI funds are co-funded by regional authorities, potential partners need to inform themselves of the opportunities and issues that are being discussed by the authorities
- A representative from the Tuscany Region, referred that they, as managing authority at regional level defined a mandatory guideline for the projects to be codeveloped with NGOs but also with private sector. This is to ensure that projects respond to territorial needs. Also, they mentioned that there is a specific article in the Common Provisions of the ESI Funds that enables the community led collaboration.

Geoff asked about the experience of the audience in collaborating with the private sector

- To this question, a project beneficiary answered that this type of collaboration can work but it depends on the particular situation: while sometimes a partner can be treated like just yet another customer; sometimes the private sector can actually tailor their approach to public needs. A key point is to sit around the table and find ways of collaboration on equal footage.
- Another project beneficiary offered advice to NGOs that they should focus on getting information, building a network and a reputation, including a website, in order to be approached by other potential partners.
- Cross sector collaboration and public-private collaboration need to be promoted. Some participants spoke about the problems of funding research with public money and the need
consider the value of such investments for society, the need to foster more collaboration and to build sustainability into projects. Building trust among partners was also referred to as an essential aspect of partnerships, especially when (health) data is needed.

Before closing the event, each participant was asked to sum up what they had learn from today (or from the 2 days of the event in the case of participants of both days) and what they would like to learn further. Among the answers given by participants were the following:

- Sharing problems and sharing solutions.
- An opportunity to share experience with people from across the continent.
- How citizen organisations should be involved more in ESI Funds?
- Speaking different languages, and bringing different cultures together is key for creative solutions for common problems.
- Commonality of challenges and diversity of approaches and ideas.
- In spite of differences, we have similar issues, needs and wish to learn solutions.
- There is a need for outcome indicators, to improve what we do.
- Looking at projects in details is a very valuable experience.
- Cooperation on the sustainability of projects.
- It is important to exchange ideas and to get together with people from the same field.
- Beneficiaries need to be included in the consultation and the process from the beginning.
- There is a need for translating information in a better way so that non-experts can understand the information.
- What do patients get out of those projects?
- Shortages of health workers need to be addressed.
- ESI funds are under the shared management, groups and organisations need to be active at local level, health policy is under national/regional competence.
- There is a need for more expertise to write applications; there is also an opportunity of learning from the good practices and projects that have been implemented.
- ESI Funds allow regions to implement more innovative and more risky projects that they would otherwise not be funded by public funds.

With these final messages given by the audience, the two-day event was closed.

Health system reform peer review

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.³

³ More information available here: https://eeagrants.org/project-portal/project/CZ11-0016
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.
- 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:
o 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.

o 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.

o 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:
  o 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.
  o 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.
  o 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.
  o 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 Christodouloupoloulou, MERIMNA

- First, 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.

**Health system reform thematic workshop**

**Presentations**

**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 deinstitutionalisation, 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:
  o 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.
  o The process should be inclusive, focusing on individual patients’ needs - the patient must be at the centre.
  o 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:
  o 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.
  o 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.
  o 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.
  o 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.
  o 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 multidisciplinarity, 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.
e-health peer review

The peer review was built around presentations by representatives from ESI-funded projects from different Member States. Participants introduced the objectives and structure of their projects as well as the challenges that they faced. The discussion allowed participants to talk further about their experiences, shared difficulties and ideas for best practice. In the morning, representatives from the workshop host project, the EESZT project in Hungary, presented their work in fine detail. In the afternoon, six projects from around the European Union were presented and discussed.

Presentations

Presentation of the EESZT national eHealth Infrastructure by Bálint Szabó, Project Manager of EESZT

- Mr Szabó began by giving an overview of the EESZT system, which has been functioning for a year. He explained that the system is far-reaching, dividing the services into those for health service providers, and those for the public. The health service providers who can use the system range from family doctors and pharmacies to hospitals and clinics. Some of the services provided include ePrescriptions, electronic health records with eDocumentation, a catalogue of medical history of each patient, and an eReferral system. Patients can access the system through an online portal, which allows them to see prescriptions and referrals and their documents.
- It is a background system that fits with existing systems of health providers, so that it can adapt to different institutions. It is built so that new functionalities can be added when necessary and available.
- Talking about the success of the system so far, Mr Szabó said that over two million people had registered to use the service. Almost 100% of hospitals and pharmacies are enrolled, and around 6500 family doctors, representing approximately 85% country-wide.
- He explained that patients could access the service using an eID card.
- The system is supported by regulation, with laws on data protection and management, and a ministerial decree on the procedure for enrolment.
- Referring to the implementation of the system, there were several developers that helped to arrange the system so that it could fit onto the systems of service providers. A pilot operation was running in the first half of 2017 with around 80 health service providers, during which manuals, systems and workshops for implementation were developed. Enrolment began in the last quarter of 2017. In 2018, emphasis has been put on communicating with the public, to enthuse them about the new services that are available and encourage them to ask for them from their service provider, thereby increasing uptake of the system.
- Mr Szabó said that new developments were planned for the near future, including added authorisation and identification options and telephone notifications.

Host project presentation: The services of EESZT by Zsolt Péter Puskás, Development expert for EESZT

- Mr Puskás began his presentation by explaining basic functions of EESZT. He defined the system as a ‘health sector IT infrastructure providing central electronic services stipulated by law enabling the co-operation of IT systems of health care domain actors’.
- He explained that the communication and cooperation within the system was built on horizontal B2B communication between healthcare providers, and vertical V2G communication between governmental healthcare sector management, and healthcare providers.
- Mr Puskás then went on to reiterate that the system is accessed by a wide range of actors, including health professionals, healthcare providers, patients and health system governance. Healthcare providers are obliged to enrol. Different stakeholders have access to different information, depending on their role. The patient has a logbook of all attempts to access their data, so that they can check if there have been any unauthorised attempts.
He then gave a more detailed description of the services provided by the system. These included: event catalogue, EHR repository, e-Prescriptions, e-Referrals, e-Profile, digital image transfers, digital consent management.

Mr Puskás finished by saying that the system is sector neutral and could be used by non-healthcare providers in the future.

Host project presentation: Technical introduction to EESZT, by Zoltán Schweinitzer, T-Systems

Mr Schweinitzer emphasised how important security regulations were for the system. For this it was important to underline the point made in previous presentations, that data was not stored within healthcare institutions, but rather accessed by them. The databases used to secure the data are extra secure, not normal databases.

There are several layers of access, meaning that healthcare professionals must first log into their institution’s system, and then to the EESZT from there. There is not a direct connection.

Host project presentation: Hungarian healthcare system, by Dr Miklós Gondos, Director General of AEEK

Dr Gondos gave participants from other EU Member States an overview of the Hungarian health system, stating that health service providers are mainly owned and operated by the state.

The health system is hospital-orientated, and there are a high number of hospital beds compared to EU-average, and one of the highest average durations of treatment. Active beds have reduced by 30% since 2000.

The healthcare service centre and institute of health insurance fund management are under the control of the Ministry of Human Resources.

Given that there is a single insurance entity, there are nationally standardised social security numbers. e-Government services for citizens are accessed easily through a standardised government portal.

Standardised data sets and an EU-based EHR standard contribute to the grounding of the EESZT program, as well as standardised regulation of stakeholders in the health profession.

Internally, sectoral cooperation and management has helped promote the successful introduction of EESZT.

Host project presentation: Beyond EESZT - paradigms and perspectives, by Dr Lajos Horvath

Mr Horvath gave a presentation about the future of EESZT: this included projects for a mobile app, telemedicine and digitally signed health record documents.

He talked about the problem of there being so much data to look through, and the interoperability between documents. This creates a need for a transition to structured documents so that they could be coded and read more easily by machines. This could make the system far more efficient.

Host project presentation: In support of healthcare, by Peter Tóth, project director at NISZ

Mr Tóth began by noting that EESZT has an important place in the IT structure of Hungary, and in this respect also comes under the responsibility of the Ministry of the Interior.

He said that collection and storage of data could lead to better decision-making, more efficient supply processes and sustainable development.

Host project presentation: Data security by Gábor Veróci, eSZIG R&D Director

Mr Veróci talked about the introduction of the e-identity card in Hungary, and its incorporation in the EESZT system.
• He explained that this card would make data more secure. It contains data that can only be accessed by certain stakeholders, thanks to a special identifier; for example, by health professionals and not by police officers.

• The card could be used when travelling in other EU countries.

• He said that the e-ID is very useful in healthcare, but should also be used in other sectors: it can be used for many activities, from jobs to buying train tickets.

Questions

• Mr Zoltan Balogh from the European Commission asked why some people had not joined the system.
  o Mr Szabó replied that there will be a deadline at the end of 2018 for private service providers, and it is expected that more health professionals will join before this date.
  o It was also said that some GPs and outpatient clinics are not technical-orientated enough to join the system. When the system was designed, openness to IT was unknown, so it was orientated towards hospitals as the largest entity. It is hoped that more GPs and outpatient clinics will join the system. One way to reach this has been increasing publicity among the public so that they begin to demand the new system from their healthcare providers.

• A participant representing another ESIF project asked about the cost-effectiveness of EESZT, and whether there was any data about this.
  o Mr Szabó replied that this was taken into account of. An example given was looking at e-prescriptions, at habits of citizens, which medicines are purchased and which are not. This can help guide professionals in not over-medicating. Equally, the record of check-ups helps to prevent the same examination needlessly being done twice.

• The same participant asked if there was any socio-economic data in the eProfile.
  o Mr Lajos Horvath replied that much attention was being paid to GDPR and data exchange. This involves certain socio-economic data. The system can be expanded for social purposes, but other types of data would be needed.

• A participant asked if there was a special system for accreditation of the internal software used by healthcare service providers.
  o Mr Szabó replied that if someone wants to join, they have to be ready to access EESZT. Documentation is provided to guide institutions in this, which is very clear. But the caution over about security remains, so checks are made on whether they respect the required regulations.

Peer project: RUVeS, Sweden, by Anna-Lena Nilsson, Linnaeus University

• Ms Nilsson explained that the project was born of a need for speeding up implantation of welfare and health solutions.

• She said that healthcare providers need and desire to play an active role in making choices, and must define and communicate their needs. E-health solutions must be evaluated and followed up.

• The observation was made that there are a low number of tenders in the public procurement act. In the e-health market, a few large organisations dominate. RuVES wants to stimulate an open e-health market that increases the possibility for SMEs to supply services and products for public health care.

• The long-term effect desired would be a more innovative and interactive market that contributes to improved growth and increased number of e-health services.

• A tangible result of the project would be a model that details the framework needed to ensure cooperation and development between healthcare providers and SMEs.
• She said that the focus of the project was on understanding the needs of healthcare providers and creating dialogue between healthcare providers and SMEs, encouraging this through collaborative spaces. Another aim was to create open-access infrastructure, through open APIs, with the aim of making the market more open and more innovative, and improving the uptake of e-health solutions.

• One participant asked about plans for the future of the project.
  o Ms Nilsson replied that she would soon have a meeting with the regional funding manager to see what the next step of the project could be. There were also parallel plans, for example a developing a cluster with developers, suppliers and healthcare providers, who have now been invite to join the project.
  o She said that Sweden is open, has a good healthcare service, but can be better. In past years the private market has been creative and innovative, for example digital doctors, and that can be brought into the public sphere.

Peer project: eMEN: unlocking the power of technology to improve Europe’s mental health, by Oyono Vlijter, eMEN project leader

• Mr Vlijter began by pointing out the rising increase in mental health demand. He said that societal challenges including the speed of economic, technological and societal changes lead to cognitive overload. Depression, anxiety disorders, etc. are expensive for the economy: in the Netherlands almost 50% of sick leave is for mental health.

• This means that there is an increased demand for mental health services, and therefore an increased cost for society. He pointed out that not all Member States have included e-mental health in their e-health strategy, which he said somewhat demonstrates the challenge.

• He described eMEN as a transnational implementation platform, based on promoting more affordable, accessible, effective and empowering mental health.

• There are quite a number of implementation challenges for e-mental health projects. These include: Product quality; training and curricular development; awareness and acceptance; organizational priority; reimbursement systems that give incentives for use of technology; policy framework, in that different countries have different policies on e-mental health; digital infrastructure, which can be fragmented between hospitals and other institutions; blended care implementation protocols, so that e-mental health complements human involvement; and agreement on definitions such as transparency, reliability and validity.

• Some of the results so far include a selection of products being chosen for further development; an EU product development checklist; national stakeholder meetings; a series of conferences and seminars; and the eMEN online platform being launched.

• Mr Vlijter described four pillars of the platform: research, products, implementation and policy.

• He also talked about lessons learned and project challenges. One of these was cross-border testing, which had not been possible because of different national attitudes, legislation etc. Also mentioned were barriers to implementation - use of e-mental health is very low - only 15% of mental treatment is e-mental health. The complexity of pilots meant that there were lots of stakeholders - some have looked at usability almost exclusively. He did say that there was an opportunity in that accessibility and cost reduction are high on the political agenda, and this was a way of promoting e-mental health solutions. Nevertheless, he did warn that certain obligations came with being funded by public money.

• The next stage of the project would be to build a fully operational eMEN platform, for which a Memorandum of Understanding is currently being signed. Partner meetings will continue, and project partners have now positioned themselves as experts on e-mental health implementation, which could allow them to continue working on the issue in the future.
Peer project: Tomy, Greece, by Maria Zafeiropoulou, Deputy Director of General Hospital of Patras, Greece

- Ms Zafeiropoulou introduced the project as being the establishment of primary local health units, and part of the government’s policy of modernising the primary health care system in Greece. The health units use electronic health records to look at the global health of the patient, which goes beyond the clinical data. This includes laboratory tests, medical history and previous operations.

- Electronic health files are standardised, meaning that they can be connected with hospitals. However, private or smaller public organisations do not necessarily use the same codes, which is a difficulty for the Greek healthcare system.

- Ms Zafeiropoulou then discussed some of the challenges to the Tomy system. She said that there has been negative reaction to change from some healthcare professionals, with a lack of professional staff wanting to join the project. She estimated that currently only 40% of needs are covered. Another challenge is the suitability of the out-dated software for the needs of the healthcare system, which creates issues with compatibility and speed.

- She said that patients must give digital consent in order for a healthcare professional to access the electronic health records, and that the patient has the right to withdraw consent at any time, and exclude use of medical data. This could create obstacles for the further spread of the system.

- Talking about the expected results of the project, Ms Zafeiropoulou said that cost reduction has been a target: the Tomy are housed in public places, in NGO premises or rent-free in private buildings. Another aim is to reduce out-of-pocket payments, which are damaging for the economy, through better-informed medical decisions that the electronic health records allow. Cost-effectiveness evaluations will be carried out.

Peer project: Thales, Greece, by Mary Xenou, Directorate of Public Health and Social Welfare, Achaia, Western Greece

- Ms Xenou explained that the project originally ran from 2013 to 2015, but was then extended. The project aims to address inequalities in access to healthcare for migrants using e-health solutions.

- She said that best practice from other EU countries and EU policy had been studied to judge how best to electronically communicate data, and to help healthcare providers and migrants.

- A set of problems to be solved was listed, that included: limited access to healthcare, a lack of health information, such as chronic or lifestyle diseases, a need for systematic health measurement, vaccination gaps, and knowledge of contagious diseases.

- ICT helped in the following ways: automating and redesigning processes and procedures, gathering socio-demographic information and information about the patient’s lifestyle, and managing information and financial data for operations and hospital care.

- Ms Xenou explained that info-kiosks were set up that created a webportal for migrants to access healthcare services in Greece. It was ensured that these were as compatible as possible with different computer operating systems. She said that this system could be extended to other groups of patients, such as the elderly or people with special needs.

- She said that in the future, a version for smartphone would be useful, which could include compatibility with wearable devices that monitor vital signs, and act as an early warning system. Part of this could also use VPN technology. She used the example of Continua Personal Health Eco-System to look at the standards that could be adhered to for mobile applications.

- A participant asked how success could be monitored.
  - Ms Xenou replied that the project measures effectiveness as well as cost. This meant monitoring qualitative successes as well quantitative.

- Another participant, responding to the suggestion that future apps could be connected to wearable devices, said that one of the big problems with them is the accuracy of the data.
Ms Xenou replied that she agreed, and that data needs to be precise if the results are going to be interpreted by a professional.

**Peer project: DigitalLIFE4CE, Interreg Central Europe, by Alexandra Weghofer, Ákos Eder and Peter J. Mayer**

- Mr Mayer began the presentation by introducing the project partners, the University of Applied Sciences Burgenland and Pannon Business Network Association.
- Ms Weghofer continued by describing the project aims: fostering innovation potential, digitalisation in healthcare, integration in healthcare and building bridges between healthcare systems in Central Europe. The regions involved include Western Slovenia, Burgenland, Saxony, Trentino, Western Transdanubia, Adriatic Croatia and Lower Silesia. Healthcare excellence hotspots are being built in these areas.
- She said that some of the challenges that the project needed to overcome were fragmentation in health care systems, including poor cooperation between healthcare stakeholders, and low coordination of patients. More specifically within the e-health sphere, low innovation potential was a problem that had come up, as well as competition between different e-health service providers and a lack of cooperation.
- These challenges link directly to some of the success factors listed, which included cooperation and communication between stakeholders to build networks, involvement of target groups so that action is based on needs and working with the existing system framework.
- In the long term, Ms Weghofer explained that the project hoped to build a transnational plan and follow-up projects: one has already started.
- So far, tangible results include 7 pilot hubs that have been established at regional level, 7 network alliances at transnational level; an interactive toolbox allowing users to visualise where digital health excellent spots are, how they interconnect with each other and best practices; and an online learning centre for knowledge sharing in e-health.

**Peer project: Master Patient Index, France, by Thierry Maloni**

- Mr Maloni began by introducing the company he works for, Telesante Lorraine, which is a regional health coordination group, a non-profit company.
- He explained that the Master Patient Index was necessary in his region of France because there was no national patient identifier. This means that it can be difficult to find patients’ history when they are admitted to a healthcare institution. In order to share medical imaging, which is the core business of Telesante Lorraine, this identification system would be necessary.
- He described the choice of supplier, the final choice being selected because it offered real time requests, an automatic correlation of patient identities and historical records and traceability.
- The project is currently in its test phase on ‘beta’ sites. The main difficulty has been in fine-tuning the algorithm for the rules of identification of people. In the Lorraine Region, around 75% of the population are integrated, around 2 million people - the project aims to cover 100% by 2020. Reports and imagery exams are now automatically exchanged, and the focus is now on increasing automatic correlation of patient identities.
- A participant asked if there had been interest from other regions of France in the project.
  - Mr Maloni said that two other regions in France were very interested in the system.
- Another participant asked what level of accuracy of patient identification would be considered a success.
  - Mr Maloni replied that for now the system does not work with patients directly - procedures for this have been set in motion. Currently, an identity committee exists so that alerts can be sent - anyone asking for a result from the MPI who notices that there is a mistake can signal it to the regional committee.
Peer project: EMPOWERkids, Interreg Central Baltic, by Karolina Mackiewicz, Project Manager

- Ms Mackiewicz introduced her presentation by talking about the problems that had inspired the project to be launched. These included low literacy of young children from low-income families, health inequalities and a lack of modern, attractive and empowering teaching methods for children’s health and social education.
- The solution found was an online game that helps children learn. The project targets both children from low-income families, and professionals such as social workers working with these children, and trainings were given for professionals in how to use the tool.
- The tool is a web-based gamified application that allows children to actively assess their wellbeing. It was tested in two rounds, with evaluations being done in between rounds to attempt to improve the tool.
- The tool is used in three countries, and one of the challenges has been to create overall physical activity and nutrition recommendations for all countries. A future challenge is to interest new users, and part of this is getting parents on board with the tool. Finally, it is important to ensure that the tool can run bug-free when the project has finished.
- A participant asked about the storage of the data for the app.
  - Ms Mackiewicz replied that data storage was restricted. She said that use of the app was restricted because data entered into the app was monitored and contributed to better understanding the factors that affect how children respond to different tasks.

e-health thematic workshop

Presentations

Introduction and welcome: Rosa Castro, Milieu

- Dr Castro 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.

Policy Context: EU-level Cooperation, Sylvain Giraud, DG SANTE

- Mr Giraud began his presentation by talking about the European Commission’s role in supporting national health system reform, in the use of ESI Funds, and in the digitalisation of health and care.
- He underlined that health is a national competence, and that the Commission’s ambition is not to interfere with this national competence. It is an institution where difficulties can be discussed together, on national competencies. EU countries share values and ideas about health being something that should be available to everyone, and therefore they can share knowledge.
- He said that health systems are part of the broader macro-economic level - health is an important part of the economy - so they cannot be ignored, given that the EU shares a common macroeconomic direction.
- Mr Giraud cited an OECD report saying that around 20% of health funding is ‘wasted’. But this figure does not mean that we should not cut resources for health but reallocate them to more effective uses.
- He said that elements mentioned in the introduction demonstrated the common challenges of EU Member States, not because of the European Commission but because they are in similar situations. He emphasised the common values that EU Member States share on health.
- He mentioned the pillar of social rights. Principle 16 says that everyone has the right to timely access to affordable, preventative, curative healthcare of good quality - this is a guide, that Member States give to themselves, to give direction to national policymaking.
• He described the European Semester process, saying that this process links back to his point about health being part of the wider macroeconomic picture, and therefore could be touched by the European Semester process.

• Mr. Giraud began to talk about the next programming period, in which he said that there would be a strong health dimension. He also said that there would be a stronger link between the funds and the European Semester, and talked about the ESF+ program.

• A participant asked whether there was agreement about what affordable and timely should mean for each Member State, with regard to recommendations in the European Semester process.
  o Mr. Giraud replied that there were overall objectives - not quantified into numbers, targets, goals or standards. These are general policy aspirations and objectives that Member States set for themselves. At national level when they develop a new policy they need to define targets and standards. The European Commission looks at where a Member State is compared to EU average - this is the way used to measure the situation of different Member States. There are any differences between Member States, so when a Member State is far away from the average, this can be taken as a sign that this is an area where improvement should be found.

Key note speech: Challenges to the uptake of eHealth and digital solutions in the EU and the role of the ESI Funds, by István Csizmadia, Ministry of Human Capacities

• Beginning by asking the question ‘what challenges?’, Mr. Csizmadia said that often funds represent very significant investments and developments, and, as the previous presentation mentioned, the EU plays a role in this. He said that there are challenges in the health economy, digital economy, ESIF programmes, arranging these three themes into a Venn diagram to show that certain challenges overlap.

• He said that traditional care models cannot sustain the expected growth in the next few years and in patient needs and healthcare expenditure, but e-health could provide solutions that improve access, increase quality, and personalise medicine. ESIF programmes are there to help cohesion and meet challenges, and ease this transition.

• Digitalisation and data are useful for many purposes; there is the parallel question of what data is used for. Data can be a tool to let management oversee different processes, but also for policy planning, making the system more efficient. It also helps decide what to do with human resources.

• He talked about some of the challenges for digitisation. These included:
  o Individual use through mobile, wearables, smart tools and apps
  o Professional use by health workers
  o Social use - gamification, online platforms
  o Integrated use - connecting individual and professional use and database - prescription etc.
  o Public use - for data
  o Complex use - big data, personalised care, system optimisation
  o Risks and threats - data security, price of solution / system

• Mr. Csizmadia said that we could answer some of these challenges by improving training for different stakeholders, making them more aware of the advantages so as to improve uptake. Other areas for progress include infrastructure, equipment, human resources.

• Referring to the ESI Funds, he mentioned the thematic objectives, unifying education and training in TO9 and TO10. He said that a major aim would be to reduce social inequalities.

• A participant asked about data collection.
  o Mr. Csizmadia replied that data is used to meet new challenges, to sustain the system. Data collection should be automatic.

• Mr. Giraud from DG SANTE commented that when we talk about digitalisation of health we are not talking about how existing systems can keep up with technology, but how technology can influence them. A huge range of things being affected were shown by the presentation.
• He continued that the information in the slides shows how this has been thought about and how the investment received by Hungary for this project has served a bigger process. The Commission’s ambition to work together with Member States to support capacity building is shared with Hungary, so this has built up over time, and comes from the Hungarian presidency a few years ago.

• In return, Mr Csizmadia asked how it might be possible to implement results of different innovation stages, and whether it would be possible to plan the deployment of these innovations in the programming period. This could help accelerate digitalisation in health.
  o Mr Giraud replied by highlighting that e-health solutions are a part of a broader reform agenda, and hence, e-health solutions should be instrumental to such needs, and not only scaled-up based on their technological availability.

Presentation: ‘ESI Funds for Health: overview of statistics and findings from the project work’
Rosa Castro, Agnieszka Markowska and Matthew Jones, Milieu

• Matthew Jones started with a brief overview of some of the spending priorities for the theme of e-health. This included a summary of the most common thematic objectives chosen to go with the theme, which were thematic objective one on strengthening research, technological development and innovation; thematic objective two on information and communication technologies; and thematic objective three on social inclusion and combatting poverty. He noted that although there were no country specific recommendations from the previous three years relating directly to e-health, there were comments in country reports that addressed the topic.

• Agnieszka Markowska followed with an overview of the programming, indicators and statistics related to e-health projects. Several programme indicators can be used for tracking the progress of e-health projects, including ‘Increasing e-services available to citizens and businesses (Bulgaria). ‘Utilizing ICT to improve public services (France) or ‘Enhanced access to public sector information, e-services and e-administration (Poland).

• E-health turns out to be the smallest theme in terms of the number of projects: 225 projects were found in 19 Member States and in the Interreg programmes. Most projects were found in Poland, Spain, Germany and Italy. Total budget of the identified e-health projects amounts to EUR 608 million with an average budget of 2.7 million. The largest spending is observed in Poland, Spain and Croatia.

• Regarding the division into sub-themes, the largest number of e-health projects was found in the sub-theme ‘Electronic health records’ (92), followed by ‘Telehealth’ (67) and ‘Health information exchange’ (58). Less projects were found in the sub-themes ‘Mobile health’ (11), ‘Personal health records’ (3) and ‘Other’ (17).

• Rosa Castro concluded the presentation by reflecting on the significance of the findings for the purpose of understanding current spending trends while proposing questions to the audience in order to guide the discussions during the day. Proposed discussion questions ranged from understanding current spending trends in the light of policy priorities (including those of the European semester), to discussing the key factors behind successful projects, main challenges and recommendations for the next programming period in order to ensure that ESI Funds are used consistently and effectively.

Summary of the peer review discussions by peer review participants
Participants in the peer review each gave a very brief summary of their project for those who had not been present on the previous day. This served to give concrete examples of how the ESIF are being used and fed into the break-out sessions that followed.

Breakout sessions
Participants were split into two groups for the breakout sessions. The following general questions were raised during each breakout session:
Breakout Group 1

In this breakout group there were participants from managing authorities, health ministries, NGOs and ESIF-funded projects. The session began by inviting each participant to introduce her or himself and their experience working with ESIF and e-health.

Major themes discussed in the session included implementation and adoption of e-health in the general health system, data protection and making sure funding was available for smaller projects as well as large ones. The following summarises the main remarks and ideas shared during the discussion:

- It could be useful to have a regular knowledge-sharing platform for ESI Funds in the subject of health to see how different Member States approach the issue. Some of the e-health projects are very large and imply major changes to the health system - knowledge of how to manage this system change would make the transformation more efficient.

- The issue of data protection was approached from two angles:
  - Health data is very sensitive and so data protection in health must be made a priority; anonymity must be protected. Control over data must be with patients;
  - GDPR regulation can be a challenge when wanting to obtain big data for the purpose of research into personalised medicine or decision-making at a managerial level. Whilst securing data is important, regulatory flexibility is also needed to implement the projects.

- In some countries, a major challenge was finishing off the digitalisation of the health system, which may have been started but not completed. Also mentioned was the challenge of ensuring that medical professionals adopt the systems that are put in place, rather than continuing to use their paper-based systems. It was noted that in some countries that are still suffering from the economic crisis, it can be difficult to find the resources to ensure that there is sufficient training and recruitment of health care professionals so that they can use these systems.

- Space for smaller projects must be made within the ESIF programming, and existing smaller projects should be scaled up. Continuity is very important, because time and money are invested in projects that fizzle out due to lack of future investment; knowledge and experience are wasted. With this in mind, communication strategy for projects is essential, because it will contribute to making the projects sustainable.

- A market should also be encouraged that will allow SMEs and NGOs to create services for vulnerable people that could then be integrated into the more generic ecosystem of e-health. Open health systems should be prioritised to allow interoperability with smaller satellite systems that can be built in.

- Regarding programming, several participants noted the need to ensure that projects were really needed and wanted by the population. It was mentioned that in Greece there is an open call for citizens to propose ideas. One participant called for a bottom-up approach to programming.

- The relationship between patient and health-professional must be given attention, because this human aspect remains an important part of healthcare.

- Representatives from several Member States said that there is still too much bureaucracy in the administering of ESIF for health.

Breakout Group 2
This breakout group included participants from managing authorities, NGOs and ESIF-funded projects. The session began with short introduction of the participants and their involvement in ESIF-funded projects.

The discussion focused first on the priority attached in various Member States to development of e-health systems. Further, much attention was given to the issue of technological and mental adjustment of the medical staff to the new approach and to the importance of sharing experience across different regions and countries. The main discussion points are summarised below:

- In some countries, there are ambitious plans for digitalisation of the health system. For example, in Sweden, there is a strategy of full digitalisation of the system by 2025 but the financing is not sufficient, so it is doubtful if the goals will be achieved. In Italy, there is a national approach for health records but at the same time, there are a lot of regional differences, and data is not available for all the stakeholders.

- Multidisciplinary approach is needed for better development and uptake of digital solutions in e-health. ICT specialists must understand the needs of the medical sector, and medical staff must be trained how to use new technologies.

- In many countries, there is resistance from (a part of) the medical sector, some doctors are reluctant to use e-health solutions, they feel overburdened with administrative work and additional need to learn new solutions, assistance and training may be needed at least in the transitional period.

- E-health can be useful primarily in remote areas but often the level of education and technological advancement in these places is relatively low, which creates an obstacle for uptake.

- A lot of projects supported from ESIF focus on data gathering while more attention should be devoted to what these data are needed for, how to make them compatible with other types of data, how to support the decision-making process of doctors.

- The projects should be people-centred and not technology-centred. Health and well-being are the overarching objectives of all health projects, including e-health related ones. On the other hand, every health project should have an integrated element of ICT.

- Partnerships and exchanging information across borders are very important. A balance should be kept in funding both large solutions and small projects which develop prototypes, pilot projects. Platforms for exchanging information, also on a deeper level of technical details, are needed. In this way, the solutions that have been developed in one country or region could be used in another place.

**Research and innovation in health peer review**

The peer review was built around presentations by representatives from ESI-funded projects from different Member States. Participants introduced the objectives and structure of their projects as well as the challenges that they faced. The discussion allowed participants to talk further about their experiences, shared difficulties and ideas for best practice. The day was divided into two by a tour of the innovations implemented by the host project ‘i-4-1-health’ in Amphia Hospital.

**Presentations**

**Presentation: ‘Presentation of the project ‘i-4-1 health’ by Professor Jan Kluytmans, Amphia Hospital, Breda**

- Prof Kluytmans started his presentation by describing the problem of antibiotic resistance. He explained how this emerging problem must be addressed with a one-health approach, meaning that solutions must consider how the problem is present within healthcare, community care (e.g. nursing homes) and animal farms.
• Prof Kluytmans also explained how the problem of antibiotic resistance is featuring at a very high level within global (e.g. UN and WHO), European and national policy. Antibiotic resistance has received increased attention at all these levels, and some countries are particularly affected by this (e.g. African and Asian countries and Italy and Greece within the EU).

• When introducing the i-4-1 health project, Prof Kluytmans explained that this cross-border cooperation funded by the Interreg Flanders-Netherlands programme is approaching the problem of antibiotic resistance through a one-health approach. The name of the project stems from 4 “i”s: innovation, integration, intelligence and “iris” (which is the measurement process developed by the project). This large cooperation using a one-health approach was possible due to the involvement of human healthcare and animal healthcare institutions, universities, high schools and some companies in both sides of the BE-NL border.

• The project aims at measuring the problem of antibiotic resistance in Belgium and the Netherlands, also taking into account that resistance is more spread in Belgium than in the Netherlands and that antibiotics are more frequently used in Belgium due to a number of factors.

• Prof Kluytmans explained that while the problem of antibiotic resistance is usually more evident at the level of healthcare, given that patients can be more easily diagnosed and resistant bacteria more easily identified, this is only the tip of the iceberg; antibiotic resistance is present at higher levels in the general population, including in homecare and nursing homes and within livestock activities.

• The i-4-1 project developed a system called “iris” (Infection Risk Scan), which along with a whole genome sequence to track the spread of resistant bacteria, allows to measure the phenomenon of antibiotic resistance by using uniform, objective and relevant measures. The next step in the project is the development of an app to facilitate measurements by the relevant iris experts and to send data about those measurements.

• When talking about the experience in implementing the project, Prof Kluytmans mentioned that inter-sectoral collaboration is very fruitful but also very complicated to navigate. Involving different stakeholders in the project has been key to its success but it has also been a difficult part of the work. Other important hurdles experienced during the project related to regulatory requirements needed to undertake health studies (e.g. approval by Institutional Review Boards for ethical and privacy concerns). While clinical practices would not require approval by an IRB, research studies need this approval to be able to publish their results and this further complicates these types of projects. As a consequence, clinical trials tend to be organised almost exclusively by pharmaceutical companies -given the hurdles that other actors would have to overcome.

**Presentation: Health-i-care (Interreg, DE, NL) by Dr Corinna Glasner, Health-i-care**

• Dr Glasner began her presentation by describing the aim of the Interreg programme to be a source of cross-border integration and balanced development, and by touching on the differences and similarities between Dutch and German health systems and the challenges and opportunities that this could bring.

• Introducing the Health-i-care project, she said that anti-microbial resistance was rising in her region and that it was necessary to act now. The project aims to strengthen innovation in the border region between the Netherlands and Germany in order to encourage the development of technologies that can protect the population from anti-microbial resistance. It acts through education, screening and surveillance, competence-building and research and innovation.

• The Health-i-care project is based on a three-point system of science, health and business. This combines the strengths of these different sectors to ensure that there is a market for the research that is being done. It is essentially a consortium led by business but with science and health partners.
• Taking a concrete example of an innovative use of technology, Dr Glasner described a project to increase awareness of bacteria among children through developing soap dispensers for schools that are appealing and educational, and which can measure the frequency that they are used.

• Regarding the functioning of the project, Dr Glasner said that at times the difference in mind-set between research and business could be a challenge, and that the ideal situation was when SMEs involved in the project had a scientist in the department, because this helped to improve understanding.

• Asked by another participant why businesses were willing to spend time on this, Dr Glasner said that the project offered businesses access to a network of science and health partners that they needed to create products and make money.

Presentation: BONE: Bio-Fabrication of Orthopedics in a New Era (Interreg FR-CH) by Lorenzo Moroni, Maastricht University

• Mr Moroni began by introducing the BONE project. Backed the Institute for technology-inspired regenerative medicine (Merlin), the project aims to accelerate the use of electrospinning technology to create 3D smart implants. The project receives € 2.7 million of its € 3.4 million budget through Interreg funding (60%)

• The ultimate objective of the project is to be able to demonstrate implants and validate them in preclinical studies, finally moving the project from TLR6 to TRL8, with the system completed and qualified through test and demonstration.

• In terms of the structure of the project, Mr Moroni explained that there were three parts to the consortium: technology development, preclinical assessment at universities and industrial translation.

• Whereas other participants mentioned that the connections between business and science sometimes produced challenges, Mr Moroni said that this had not been an issue with the BONE project, perhaps because the consortium was smaller.

• Asked whether it was rather optimistic to say that the project could reach TRL8, Mr Moroni said whilst this would not happen for the device itself, it would be possible for the technology.

Presentation: Fast Breast Check (Milan, IT) by Cinzia Mambretti, Fondazione Politecnico di Milano

• Ms Mambretti introduced the “Fast Breast Check” project as giving a new opportunity for breast cancer detection, particularly targeting young women, and women with small or dense breasts. The project partners are 2 SMEs: Novaura as the main contractor and Veespo, and the Fondazione Politecnico di Milano. Operational stakeholders include the European institute of Oncology; S. Raffaele Hospital, Europa Donna, Rosa per la Vita, Uni Milan department of Mathematics. The project is funded by ERDF.

• She explained that the project was the continuation of previous projects, starting with a conception period between 2012 and 2015 which included theoretical development, definition of a new biomarker and patenting, and then another project which further developed the concept between 2015 and 2017. The current project began in 2017 and runs until 2019. As well as validation trials with more than 300 examinations, it involves awareness raising among young women.

• Current challenges for involve getting clinical validation ready and involving women in the project. This can be done through social media and testimonials, and the project will also use an app that will obtain data that can be aggregated and analysed. Another hurdle refers to the Health Technology Assessment and obtaining the approval for reimbursement within the healthcare system.
The project has already applied for the Horizon 2020 instrument funding SMEs for the development of the project – it has received the seal of excellence but no funding.

Asked whether the test would be expensive, Ms Mambretti replied that it would not necessarily be expensive, and that part of the assessment process was to determine whether hospitals will get the test reimbursed from the state, which would mean that it would be free for women. She said that it was expected to cost around 100 EUR for women in Italy. Surveys amongst women have already been conducted with this information and there is a good level of interest. The technology will be commercialised within the private healthcare system.

Presentation: COILED (NL) Jac Wijkmans

Mr Wijkmans began the presentation by introducing the background to the COILED project. The project is a public-private drug discovery platform, 45% funded by the ERDF. The project started in July 2016, the first hiring was done in February 2017 and the project was fully resourced in September 2017.

Mr Wijkmans said that many of the partners come from a network of contacts that he built up whilst working for a multinational pharmaceutical company. He explained that building partnerships involving SME’s had not been simple. A major question that he was asked was how the SME would be reimbursed for what they bring to the partnership. Many were unwilling to invest because they felt that they would not be not paid anything. It was not possible to find investment from patient organisations because they said that their structure did not fit with financial instruments, so receiving money from them would require using traditional instruments.

Some of the challenges for the project included organising the consortium, establishing clear rules for access to results and intellectual property to make COILED look good and build a sustainable platform; attracting more funding, through drug discovery and extending therapeutic focus to key areas; accessing very specific specialists.

Mr Wijkmans said that one of the problems he encountered was getting businesses to leave behind ‘exit thinking’, where the final financial compensation for leaving the project is the top priority. Rather, to make the project sustainable there needs to be a means of rechannelling the money made back into the fund, not just taking the money and leaving.

Other hurdles related to the cooperation between different regions within the Netherlands, which was not easy to achieve and cooperation with University Technology Transfer Offices (TTOs).

Asked to go into this further, Mr Wijkmans said that part of the problem is that people with a business background arrive in the project and make their claim to own a part of the project intellectual property. This can bring a negative energy into the project.

Presentation: REFBIO (II) (Interreg Spain-France-Andorra) by Marisol Fragoso, Navarrabio

Introducing the background of the project, Ms Fragoso explained that the project is a regional strategy (now a RIS3) designed to coordinate research efforts between neighbouring regions in France and Spain and builds on the work of the first REFBIO project. Within this strategy, health has been identified as one key area for sustainable R&D. Navarrabio was created by the government to encourage R&D in the public health sector.

Coordinated in Navarro, Spain, Ms Fragoso said that the original project aimed at developing cross-border cooperation in the framework of the POCTEFA call in 2007-2013. The project lasted 24 months but did not finish. The project funded collaborative projects and other small projects. The network took over a year to set up - this was partly because of the lack of a shared language, but also legislative differences either side of the border and cultural differences. Following positive responses from researchers, the neighbours decided that they wanted to continue to work together and so a second edition of the project was launched, REFBIO II.

Ms Fragoso continued that one of the challenges was that it was very difficult to engage with companies. This was because of rules for receiving financing stating that companies must declare
any access to funds to prove they are not receiving an advantage - most likely to avoid falling within strict state aid rules.

- Developing material transfer agreements (MTAs) and clear intellectual property rules as well as dealing with regulatory requirements, were also important hurdles within the project.
- In terms of the funding received, 20 projects have been proposed through the project, 13 have been approved with funding of around €240,000. The REFBIO project aims to identify one star idea that will be submitted to apply for Horizon 2020 funding.

**Presentation: AgeWell (RO) by Giuseppe Carbone, University of Cassino / Technical University of Cluj-Napoca**

- Mr Carbone began by explaining that the main goal of the project was to attract foreign researchers to Romania who can bring expertise, exploring available knowledge in robotics and seeing how much can be transferred into practical application.
- Mr Carbone said that the key to success of the project was knowing each other well - he had known his partners for 20 years. Another key aspect was having a multi-disciplinary team, although there are language barriers that exist between different types of expertise, even if the same language is being spoken. An important hurdle for the project have been the level of administrative requirements solicited by the authorities.
- Looking to the future, Mr Carbone said that this project would not bring designs onto the market - a follow-up project would be needed for this. However, this would be difficult because Horizon 2020 funding is drifting towards being more focused on financing a few big projects rather than many small ones.
- He mentioned that in robotics only around 1% of proposals will get funding, which is problematic given that such a huge amount of effort is required to write a proposal. He called for the EU to make the process for accessing funds simpler. In the past there were two rounds, which meant that less time was wasted just to propose an idea.

**Presentation: RECETOX by Vojtech Pribyla, Masaryk University**

- Dr Pribyla explained the RECETOX project, which relates to a research centre based in Brno. The centre works on the health effects of persistent organic pollutants (POPs), polar organic compounds, toxic metals and their species and natural toxins - cyanotoxins. This work directly contributes to identifying health problems linked to the environment.
- Facilities of the centre have been built with the support of ESIF funds in different programming periods.
- Also, with the help of ESIF, the centre has expanded in terms of research activities and human capacities. Because of its grow, the centre has now received a variety of funds, including through a H2020 project. The centre itself contributes with around 10% own resources, receives another 10% government, and the rest from the EU.
- Going forward, an important challenge for the centre is the end of programming period and how to ensure the sustainability and grow of the centre.

**Discussions**

**Key questions and discussion points:**

- A major problem that sparked discussion involving all participants was the administration associated with running projects, with reporting being as frequent as every three months for some of the participants, and each time requiring 200-300 pages. It was pointed out that this was not a requirement of the European Commission and participants based in other Member States confirmed that the frequency and length required for their reporting was considerably less. Frequency varied greatly between participants, from every three months to annually, and it was
suggested that it may be helpful for the Commission to set out a template with generalised rules for reporting.

- Managing relations between partners from research and academia and partners from the business world was mentioned by several participants as sometimes being challenging.
- Several participants mentioned that potential business partners were sometimes reluctant to join a project because of worries about being penalised. Others mentioned their own difficulty in working with businesses, both in that they felt that they could not offer a no-risk return on businesses’ money, and because they felt that some businesses were too focussed on making a quick return and then pulling their investment out as soon as possible, rather than staying for the long-term.
- The subject of the delay in reimbursement was mentioned by several participants, with the delay ranging from 4-5 months in the Netherlands to up to 24 months in Spain. It was pointed out that this length of delay before reimbursement made project planning extremely difficult. After discussion with the participant representing the European Commission, it was agreed that the delay in reimbursement was dependent on the managing authority in the Member State rather than the Commission itself.
- When participants were asked whether their project would have been possible without the European Structural and Investment Funds, there was agreement from each participant that their project would not have been possible.
- One participant noted that involvement with ESIF had helped her find out about other Interreg projects, and had led to other funding opportunities including with Horizon 2020.
- Another participant mentioned the difficulty of finding other EU-funded projects that corresponded to the theme of her project. She said that she would really appreciate being able to talk with other projects doing similar work to her own in order to share ideas and best practice, but that after searching she could not find any kind of centralised database. Other participants agreed that this would be a useful resource. It was noted that a mapping exercise is part of the work being done by the Consultant as part of the current project.

Research and innovation in health thematic workshop

Presentations

Introduction and welcome: Rosa Castro, Milieu

- Dr Castro 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.

Presentation: ‘Research and Innovation: the role of EU Regions and the case of Research and Innovation in Personalised Medicine’ by Gianpetro Van de Goor, DG-Research, European Commission

- Mr Van de Goor said that the focus for H2020 was on supporting the best research teams and ideas, and funds would not be awarded from a cohesion perspective.
- Previously there had been an impression that some investment in health would come back to the country. Now this is no longer the case; the focus is on excellence. This makes it difficult for some regions to get research funding because of weaker capacities and structures in their area.
- He said that the program is supporting collaboration; that is why a minimum of three countries are required in partnerships, making another challenge for putting projects together.
- Referring to potential opportunities for funding, Mr Van de Goor mentioned that the work program can often set where priorities lie for regions. He also said that opportunities for regional cooperation could be mapped based on smart specialisation strategies, and that there were 120 projects making reference to health, with investment particularly in personalised medicine, supported by digitalisation.
The consortium of Member States on personalised medicine is an important platform to make sure that the agendas of different Member States have some commonalities.

Mr Van de Goor said that ESI Funds could contribute to infrastructure and capacity building that is necessary to compete at EU-level for research funds.

Describing the ‘seal of excellence’ approach, Mr Van de Goor said that this measure meant that projects that are submitted to Horizon 2020 and rated as fundable, but because of limitations are unable to be funded, can be funded by other actors, for example regional or private. This is a way to support capacity improvement, so that the projects have a better chance of succeeding next time.

For the next framework program, called Horizon Europe, there is a new will to collaborate across different policy sectors to set the agenda and work programme. Mr Van de Goor hopes that there will be a more balanced support for R&I that will make innovation better and more cost-effective and help to overcome specific challenges in the health sector. This would be something to work on with DG SANTE and DG REGIO.

Mr Van de Goor highlighted the need to make regions aware of innovative projects in their territory, so that they can support implementation, for example in their hospitals and care systems. In this respect, networking to bring actors in a region together is very important.

Presentation: ‘Policy developments and ESI Funds priorities related to research and innovation in health and the life sciences’ by Loukianos Gatzoulis, DG-SANTE, European Commission

Mr Gatzoulis mentioned that there is no single funding programme that will cover all various investment needs in health, and therefore it is essential to combine financing sources and instruments, for example loans or equity schemes for infrastructure and novel technologies, or social impact bonds to finance services, combined with grants.

He said that it could also be helpful to bundle projects so that there are fewer small, isolated projects. Bundled projects, having a more significant size, are more attractive to investors.

Referring to the relative roles of the private sector and the state, Mr Gatzoulis said that with a private-sector focus on physical infrastructure, it would allow redirecting of public funds to other areas, for example workforce training, prevention programmes, integrated care services etc.

Presentation: ‘Stairway to Excellence (S2E): Options for Synergies between ESIF & H2020’ by Nida Kamil Ozbolat, Joint Research Centre

Introducing the S2E concept, Mr Ozbolat explained that it was part of the smart specialisation platform and focused on less developed Member States and regions to help them to adapt to an R&I-oriented growth approach. Activities for the platform include analysis to map capacity and identify needs to be addressed, and collaboration with Member States to build capacity to allow them to successfully bid for research funding. This can be done through bringing key actors in the innovation system together to help them learn to use EU funding programs efficiently.

Mr Ozbolat then asked why this extra support was needed. He explained that there is a significant innovation gap in the EU, particularly between the EU13 and EU15. Horizon 2020 funding tends to go to already well-performing regions, and this is true for health projects.

He suggested that it was possible to bring together ESIF and H2020 funds together to reach socioeconomic goals. Whilst H2020 necessitates high-level researchers and processes to win funding from the European Commission, ESIF is allocated in advance of project proposals and is co-managed by Member States. Tools are planned to make combining the two types of funding simpler.

Mr Ozbolat described two potential ways in which the funds could be combined. In an upstream way - for example if there are good researchers with no equipment, ESIF could be used to build
capacity, and downstream - if research is already done and is close to market commercialisation, ESIF could be used to aid commercialisation.

- He said that examples of ways to achieve synergies were available on the JRC S3 Platform website, along with case studies. These included building sequential projects that build on the previous one; taking up high-quality H2020 proposals that have not received funding and implementing via ESIF; putting in place parallel projects that complement each other; and bringing together H2020 and ESIF money on the same project.

Presentation: ‘Presentation of the project ‘i-4-1 health’ by Professor Jan Kluytmans, Amphia Hospital, Breda

Professor Kluytmans presented the ‘i-4-1 health’ project, as during the peer review the previous day.

Presentation: ‘ESI Funds for Health: overview of statistics and findings from the project work’
Rosa Castro and Agnieszka Markowska, Milieu

- Given that the previous interventions by the EU Commission had provided a very detailed overview of the challenges for R&I in the EU, the presentation focused on giving the main findings and statistics obtained during the desk research performed by the project team in 2017
- Ms. Castro 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 R&I, as well as examples of relevant programme indicators.
- Ms. Markowska 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. She then provided an overview of the research and innovation in health projects supported by ESIF and identified as of August 2017, this included information about the geographic distribution and budget of the projects.
- Ms. Castro concluded by summarising the spending trends identified by the ‘ESI Funds for Health’ mapping (i.e. many R&I projects have tended to focus on funding the development of innovative processed and products). She then outlined the key questions about the ESIF spending trends and the development of ESI-funded R&I projects that should be considered during the workshop.

Presentation: ‘Challenges and opportunities for the use of ESI Funds to support Research and Innovation in health and the life sciences’ by Joanna Lane, Health ClusterNET

- In her presentation, Ms. Lane provided an overview of the challenges and possible solutions to enable a more effective use of the ESI Funds to support R&I in health and the life sciences.
- She started by explaining the role of ESIF in closing gaps regarding technology and manufacturing capabilities across the EU, referring to how ESIF and other funds could help projects developing new products or processes (which were the most numerous according to the findings of the ESI Funds for health project desk research done during 2017). Given this, she further referred to the role of ESIF in the different phases that projects undergo in terms of TRLs.
- Next, she focused on the perceived challenges to the use of ESIF to support R&I in this area, bringing the example of research done within the INNOLABS regions (e.g. Campania, Pomerania, Berlin, Paris and Oslo). Among the challenges are the politics of health administration, barriers to innovation, framework conditions and the perception of SME owners.
- Ms. Lane then focused on some proposed solutions, which include: (1) integrated planning and risk assessment; (2) the use of ‘plug and play’ innovation platforms; (3) the use of ‘white spaces’ (e.g. ‘smart homes’ and ‘smart cities’); and (3) the use of enablers and intermediation. She emphasized how these solutions go beyond the ‘catch-up’ logic and also take into account other important enablers for R&I such as the need to build an attractive environment to attract people (researchers and others).
Summary of the peer review discussions by peer review participants

Participants in the peer review each gave a very brief summary of their project for those who had not been present on the previous day. This served to give concrete examples of how the ESIF are being used and fed into the break-out sessions that followed.

Discussions

Key questions and discussion points:

- The question of how projects are assessed came up, with one participant asking whether potential impact of research is assessed in proposals, as well as their research excellence. Mr Van de Goor replied that researchers should have an idea of what the impact of their research could be and that this would be evaluated. Nevertheless, deployment itself would not be funded.

- Also coming up was the question of private investment and intellectual property rights. This issue had also been raised during the peer review. A participant mentioned that in his experience investors do not want other people to be able to have access to the results that they are investing in, and therefore it is difficult to convince them to invest. Mr Van Goor replied that given that it was public money, it was not appropriate that a grant should subsidise private interest. In this situation a loan could be more appropriate. He pointed out that the European Investment Bank gives out loans which the Commission guarantees to turn into a grant if the results are not investible.

- The topic of relations between academia and business was mentioned again, with a question about the issue of transparency for the bidding process. How could a context be built where academia and business could interact in a transparent way, not just for ethical reasons but also for capacity building, helping professionals to improve their approach to innovation? Mr Özbolat replied that the smart specialisation platform was considering the case of health because it clearly needs a tailored, specific approach.

- One participant who was involved in projects receiving ESI funding asked about how projects could receive funding to bring them to market once the innovation part of the project was completed. He said that the ESIF only fund innovation and there are no other options once the pilot project is finished. Mr Özbolat said that there were other options and that under the next funding period there would be new funding sectors that could apply to health that could offer opportunities.

Breakout sessions

Participants were split into two groups for the breakout sessions. Each group gathered approximately half of the participants present in the plenary session from a range of different backgrounds, including ESIF funded projects and managing authorities, as well as representatives of the European Commission. Each session started with a short presentation of each participant, indicating their country and their experience in working with ESIF in R&I.

Next, the following general questions were raised, and each participant shared their opinion as well as gave other comments and suggestions linked to the event:

- Based on your experience, how are the ESI funds contributing to work in research and innovation?
- What challenges have you encountered in your work with ESI funds and what solutions have you found?

Breakout Group 1

The discussion largely centred on overcoming obstacles that participants had encountered when using the structural funds. The following points summarise the discussion:
• The difficulty of administration of the funds came up during the break out session, as it had done during the workshop and the peer review. It was pointed out that there was a large burden for reporting that meant that researchers did not have sufficient time to spend on research.
  o One participant suggested that one solution for this could be to use a private service to directly manage the funds obligations for the project. This would mean that researchers do not have the burden of reporting.
  o However, another participant questioned how this would be compatible with regulation on the protection of patient data.
• ‘The public procurement approach offers possibilities. This could help innovation where it is needed, but also give public authorities the lead, for businesses it is important that it is not too difficult to join up with other regions and countries. At the moment, there seems to be too much competition on price between countries. The facility offered by H2020 under Euro innovation Council could help. Late stages of dev and early deployment, that’s where funding gap could be bridged.’
• Another participant said that in his experience there is a lack of highly skilled project managers involved in the projects, and that this is problematic. People need to be trained. He said that he is aware that the European Commission is looking at public procurement, but in many countries and regions the culture in the administration is not necessarily there. This was seconded by another participant from a different country who said that he also sometimes had difficulty finding the right human capital for projects.
• In some regions there is not a strategy for the healthcare system to buy into innovation. The system is based on a bottom-up approach where one researcher proposes something and asks for funding. At national level this is sometimes the case; other times there may be a strategy, but it is not implemented properly at regional level.
• The effectiveness of the smart specialisation strategy was questioned, with the comment that in some areas what is termed as a specialisation is not really one, and essentially boils down to a means of getting funding. Participants from different regions had different opinions on this. Some agreed that the specialisation was far too wide, meaning there was no critical mass of funding because the funding is too widely spread, so does not have enough impact. Others said that in their region there were real accents developing supported by strategic calls.

Breakout Group 2

The following points summarise the discussion in the breakout session 2, which were grouped in problems and opportunities.

• The following problems were identified by participants in this breakout session:
  o Disconnection of national and regional priorities, bad cooperation between different ministries
  o Lack of capacity at regional levels to administer the ESIF
  o Lack of one-stop shop to receive guidance for potential beneficiaries, need to consult various institutions
  o Health does not seem to be high on priority lists
  o Lack of standard rules in administering the funding
  o Lack of knowledge about what is needed, insufficient applied research, testing and dissemination of results of projects
  o Need for indicators capturing long-term impact in terms of health
  o Misconception that ESIF are for funding infrastructure
  o Lack of strategic thinking how to combine different funding sources
• Advantages
Healthy ageing and health promotion peer review

The peer review was divided in three parts:

1. Presentations of ESI funded projects that support the health promotion: this included the presentation by the host of the Healthy Living project.
2. Presentations of institutions from four other beneficiaries of ESI funds from Baltic region Interreg, France-Spain Interreg, Latvia, and Slovenia that focus on health promotion. These institutions presented their approaches for tackling the challenges of health promotion within ESI projects.
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.

The peer review workshop asked the presenting projects to focus on five key questions:

- What are the main policy challenges being addressed by the projects?
- What are the key successes so far and what are the factors behind these successes? How could others replicate them?
- Who are the key stakeholders that need to be involved in projects for this theme to ensure the right outcome? What are the best practices for involving stakeholders, in health promotion projects?
- What are the biggest challenges or problems which the project managers/beneficiaries face at various stages of project design and implementation? How these challenges were tackled and how were the problems resolved?
- What are the lessons learnt and what recommendations can be given to other beneficiaries based on experience from the projects discussed?

Presentations

Presentation of the project ‘Healthy Living’: objectives and planning, Croatian Institute of Public Health

- The project has been developing since 2001. It targets the whole population through efforts to reduce obesity which has been identified as a common denominator for the main health risks.
- The ‘Healthy Living’ project is an example of how health promotion is using the ESI funds as a cost effective public health tool at the population level.
- The first step is to work closely with key ministries to embed the projects within the organisational hierarchy, as this helps to mitigate against changes in personnel.
- The ESI funds have helped to scale-up the project and spread it to the whole country.
- The ESI funds are part of a process of establishing and maintaining cross-sectoral support and the co-production of ideas, programmes, and common solutions.
- A key success of the project has been to explain that they are not asking for anything, but rather establishing a mechanism to spread good health throughout the country to all people.
- A key foundation block is the development of local ownership of the project. This means that local public health workers can feel a close connection to the project and can use their local skills and experience to adapt it.
The project uses strict monitoring and evaluation procedures to certify actions and develop a picture of success.

Presentation of the project ‘Healthy Living’: practical implementation, challenges, and good practices, Croatian Institute of Public Health

- Project management structures must be in place before the project starts. This includes clearly defined budget and Gantt charts to establish close working connections between content and administration teams.
- Challenges include: procurement procedures, archiving actions, partners - unit coordination, implementation, and communication (internal and external).
- Steps for success include planning in advance, using a management handbook, and developing a management system (roles and responsibility) and a monitoring system.

Element 1 - Physical Health

- Challenges: training experts and building capacity within the local regions, different levels of programme uptake, and the number of people needed to be ‘on-board’ with the project in each local area.
- Steps for success: clearly defined goals and targets, continued education for school staff and local implementers, and variation in the programme for different local contexts.

Element 2 - Physical Activity

- Challenges: A coherent programme to educate school staff in health literacy, facilitating study visits, and developing educative deliverables.
- Steps for success: Link to national plan and strategies, establishing a working group, producing a working manual, organising educational workshops, providing models and literature for schools, and evaluating progress.

Element 3 - Food Labelling

- Challenges: Establish connections with other departments (cross-sectoral approach), educate the media, and explore legal options.
- Steps for success: A clear validation programme, concise information, and the inclusion of all sectors of society.

Element 4 - Health and Workplace

- Challenges: Encouraging business to care for staff health, empowering staff to think about their health, and maintaining interest in the project (sustainability).
- Steps for success: Cross-sectoral support with strong leadership from the project and Health Ministry, clearly defined phases of project - analysis and implementation, and listening to local teams.

Element 5 - Health and Environment

- Challenges: Contemporary living and working conditions, the reliance on private transport, and changing the mind-set around safety and activity.
- Steps for success: clear certification process, multi-dimensional approach, clear guidance and information, trusted sources of information, close support for local teams, and collaboration across sectors.

Peer project 1 - Complex health promotion and disease prevention measures, Latvia

- The project identified their needs through municipalities developing their own local project. The structural funds were able to support the sense of ownership of the local teams who were able to choose what they wanted to focus on. The success is that the funds created a drive for the decentralisation of health promotion and could kick-start similar processes in Public Health.
An issue that the project team raised was sustainability. What to do when the project funding finishes and how to maintain local support and funding? This was an interesting question within the workshop that was further discussed during Day 2.

The project used the funds to help local teams work on ‘easier’ health concerns. The next step is to try to work on ‘harder’ health concerns and ‘harder to reach people’. For this, they think that it will be more difficult to obtain funding with the timescale of proving good health outcomes stemming out of health promotion interventions.

Peer project 2 - Together for responsible attitude towards alcohol drinking (TRADAD), Slovenia

- The project identified their needs at the outset using a systems approach. This lead to clear phases (development, training, capacity building, and piloting) and to multiple levels of the project (national, regional, local, and individual).
- A success of using the ESI funds is that the project was able to involve three ministries from the country (Labour, Health, and Social Affairs). This established an inter-sectoral approach to harmful drinking.
- It is difficult to measure the impact of health promotion which makes ESIF an attractive step in developing a national programme. Furthermore, the use of a cross-sectoral steering group enables a long-term plan for measurement and embeds the project into a system approach.
- A success of the funds is the ability to give the money directly to local implementing partners who can shape the project to fit their local context and focus on whichever phases have the most pressing needs.
- An element of the structural funds that is problematic is the excessive administrative burden that it places upon small health promotion departments and ministries. This is particularly acute in ministries and institutions that have limited human resources.

Peer project 3 - Baltic cities tackle lifestyle related diseases, Interreg Baltic Sea

- This project focuses on prevention and health promotion using new technologies. The project team felt that the structural funds was the best source for funding this type of project as they emphasise the development of new projects, ideas, and solutions.
- However, they added that a pre-existing structure or loose association helped to develop a setting for the funds to be used.
- The project team felt that to succeed in using ESIF, projects need to have a clearly defined rationale and audience that seeks to make a large and long-term impact.
- The funds are ideally suited to health promotion challenges as they involve cross border collaboration and an effort to find common solutions to common problems.
- The inclusion of SME’s in the project highlights the problems around conflicts of interest and projects must rely upon EU guidelines for any problems or issues.

Peer project 4 - Capas Cité, Interreg project (France-Spain)

- The funds have helped to form a long-term connection between cities and universities in two neighbouring countries. Beneficiaries believed that it would be hard to fund this project without the help of ESI funding.
- The project team felt that the project was successful because it focused on one health behaviour (increasing physical activity) at a city level and for the whole population. However, the project was multi-faceted as it worked on three levels (school, community, and under-privileged groups) with variations of the programmes offered in each city.
- The project team suggested that pre-existing networks and associations helped to justify the project and attract ESI Funds.
- The key challenge for the project team was sustainability, and in particular, how to expand the project towards other health issues.
• Another challenge is the evaluation of the cost-benefit ratio of projects and health promotion, since the impact of a project on physical activity is extremely hard to measure.

Discussions and conclusions

Dr Mojca Gabrijelčič-Blenkuš, from EuroHealthNet, gave a presentation at the end of Day 1 to conclude the first day’s discussion. Mojca focused on six key areas that featured across the projects.

• Argumentation to act
  There is a strong epidemiologic argumentation to act in several health issues highlighted by the projects. Projects need to define common denominators for action, link these actions with priorities at the policy level and respond to national health priority challenges.

• Inter-sectoral collaboration and stakeholder’s networks
  Already established inter-sectoral cooperation and multi-sectoral competences are key for projects. Many projects featured previously established networks of relevant stakeholders; participatory engagement of stakeholders in the action planning, which require a clear definition of responsibilities and strategic frameworks. Inter-sector collaboration is needed to overcome silos and link physical, mental and sexual health and environmental issues - linking different stakeholder to the same prevention or promotion action. One significant challenge within inter-sectoral collaboration is the need to consider conflicts of interest, especially while working with private sector; this often requires setting clear public private partnership (PPP) rules.

• Technical and administrative issues
  Good administrative support, transparent documentation, clear milestones and deliverables, use of indicators for evaluation, connections among content and administrative staff, and simplification of administrative procedures are all key requirements for a good administrative and technical management of projects.

• Policy level
  Political support of an aware policy decision maker, from health or other sectors and the recognition of the window of opportunity are essential to launch successful projects, obtain funding and sustain projects in time. It is important to link projects (especially large-scale ones) to existing policy level strategies (e.g. actions defined in legislation). Another important aspect is to raise awareness among policy decision makers in HIAP principles and in public health issues.

• Implementation issues
  Some of the issues identified as key to the successful implementation of projects were clearly defined implementation roles, effective and holistic education of educators, action planning and implementation based in target group’s needs, involvement of target groups’, and the recognition of capacity building (knowledge, institutional, human) as the project added value.

• Economic, social and cultural capitals
  There is a need to understand the decrease of the disease burden with publicly funded health actions and the impact resources from other sectors (e.g. the decreased share of burden of disease caused by the specific sector when implementing a successful intervention).

  It is important to balance structural interventions (measures to create supportive environments) and individual action (stimulated by campaigns). Moreover, it is also important to combine different resources,
for instance, by linking public funding with resources from other sectors (e.g. decreasing alcohol harm while targeting the active population at the workplace).

A focus not only in economic but also in social aspects of a problem (e.g. nobody likes to walk alone, cultural involvement of museums) is also important to plan and implement successful actions.

• Miscellaneous

Discussions also mentioned: (1) the importance of including technology development in interventions, developing cross border work, and identifying the globalization drivers of disease; (2) the importance of preventing or decreasing inequalities while implementing programmes; and the difficulties in the transposition of good practices.

Healthy ageing and health promotion thematic workshop

The thematic workshop started with a panel of the representatives of the Croatian government giving short speeches about the importance of the ESI Funds for the Croatian economy, with special focus on the funding for health projects. The following Croatian institutions were represented:

• Ministry of Labour and Social Welfare,
• Ministry of Health;
• European Commission Representation in Croatia,
• Director of the Croatian Institute of Public Health;

In addition to the representatives from the Croatian government, Mr. Stefan Schreck from the European Commission (DG SANTE) also participated in the panel. The panel highlighted the importance of inter-sectoral collaboration to advance health promotion and disease prevention at a national level. It also helped to start a discussion around the opportunities to tackle the challenges in this area. For instance, the Ministry of Labour mentioned the importance of large-scale projects funded with ESIF, which are addressing the needs of vulnerable groups, the lack of medical staff and other inter-related health problems.

Three presentations followed, including a presentation of the European Commission, a keynote-style presentation delivered by the leader of the Croatian host project and a presentation on findings of the ESI Funds for Health project delivered by Milieu.

The remaining part of the workshop included a panel of the beneficiaries of projects giving short summaries of their presentations from Day 1 Peer Review, two additional presentations of projects in the sub-theme ‘Active and healthy ageing’, breakout sessions and conclusions.

Presentations

Presentation of the European Commission, Katarzyna Kielar-Kowalczyk and Stefan Schreck

• The presentation provided an overview of how the EU level supports the reform of national health systems by providing a common policy framework, acting as a knowledge broker (e.g. providing information such as that available in the publication “State of health in the EU”), coordinating economic policy through the European Semester and cooperating to enable mutual learning among Member States. In ‘State of Health in the EU’, health promotion and disease prevention are identified as an area in which there should be more focus.

• The European Semester process provides an opportunity for learning and emphasizing interventions in key areas. For 2018, the Country Specific Recommendations for several countries reflected the need to address challenges that are long-term and complex by nature. Among this, there was emphasis in improving the fiscal sustainability and cost-effectiveness of health systems, also through investments in prevention and promotion.
• The EU faces major challenges linked to an ageing population: longer life expectancy but not “healthy life years”, higher burden of chronic diseases related to often preventable lifestyles. Along with these challenges, from the demand side there is a higher expectation for patient-centred, effective and safe care and a greater movement of people (patients but also health workforce); whilst from the supply side there is rapid development of new technologies, which are often costly. All these challenges pose the need for health systems to adapt.

• The EU Commission’s Communication 2014 called for Effective, Accessible and Resilient health systems outlining a series of shared policy objectives. More recently, in the European Pillar of Social Rights, principle 16 recognizes the right of everyone to ‘affordable, preventive and curative health care of good quality’, also mentioning cooperation at the EU level through the European Semester and cooperation with the national level.

• The Commission’s presentation also introduced the purpose of the ESI Funds for Health project, which is part of a long-term strategy to support relevant authorities in EU Member States for the effective implementation of ESIF for health. A previous project (2013-2015) mapped the planned use of ESIF for the 2014-2020 programming period and provided a series of practical tools and guidelines. The ESI Funds for Health project is currently mapping the use of ESIF for health in all 28 Member States and Regional Cooperation programmes, while further developing capacities of the relevant actors and supporting capacity building in Member States.

• Different EU initiatives to cooperate with Member States in this area were illustrated: the best practices portal designed by DG SANTE, also to meet Sustainable Development Goal 3.4 (to reduce premature mortality from non-communicable diseases by one-third by 2030), and the work developed by the Steering Group on Promotion and Prevention, which aims at facilitating the implementation of evidence-based best practices across EU countries.

Keynote presentation, Sanja Music-Milanovic
• Dr Music-Milanovic explained how obesity has been identified as the single common denominator for all the major non-communicable diseases observed in Croatia and in other parts of the world and she also provided context for the impact that such diseases are posing to individuals and societies.

• Dr Music-Milanovic also explained how Andrija Stampar’s principles relating to public health, which include active participation of the involved communities, and a holistic approach to public health interventions, still remain valid after 100 years.

ESI Funds for Health project presentation, Rosa Castro and Agnieszka Markowska
• An explanation was provided about the project objectives and deliverables;

• An overview of the types of projects funded within theme 5 (Active and healthy ageing, healthy workforce, health promotion and disease prevention) presented in the workshop was also developed.

• Statistics and indicators related to the theme regarding the spending trends were also provided and some preliminary conclusions were explained. Among them, there is relatively low number of projects in health promotion and disease prevention. On the other hand, there is a large number of workplace health and safety projects, but most of them focus on the employment rather than on the health component. Active and healthy ageing also has a high number of projects, in line with a number of CSRs for several countries.

Presentations of two additional projects from the sub-theme ‘Active and healthy ageing’
• Green Care Farms, Poland
  o Regional Operational Programme for the Kujawsko-Pomorskie Region;
  o 3 pillars: physical efficiency, intellectual efficiency, social efficiency
  o Daily stay for the elderly on farms, increasing care competences of farmers
  o Interest of other regions in the same solution.
• **Let us be Active, Interreg Central Baltic:**
  - Addresses the problem of social exclusion and loneliness of older people through the improvement of information about existing and development of new opportunities for voluntary work for seniors in Pärnu, Turku and Riga;
  - Mapped the already existing volunteering activities available and suitable for older people, conducted surveys and interviews with seniors and public health professionals to find out how they can be involved in volunteering, organized workshops and trainings for seniors and social workers, developed new volunteering activities for seniors (Tripfriend activity, call centre), created an information and support system for seniors (call centre, online platforms);
  - Challenges: wrong expectations based on the survey results, difficulties to reach lonely, socially excluded people at home, keeping the volunteers’ motivation high, ensuring the engagement and support of the professionals;
  - Successes: thanks to the project, partners overcome several misconceptions about senior volunteering, e.g. that seniors are not interested; new knowledge was generated, e.g. that seniors want to consider volunteering as a hobby, not work and they prefer engaging in the pop-up activities, thanks to the cross-border cooperation and exchange of experiences, better results were achieved, good communication on the EU level: lots of interest in the project, “social innovation”, new project application pending (3 Polish cities).

**Breakout sessions**

**Breakout session 1 - Key Messages/conclusions:**

- The health sector is not a priority on the political agenda, it should be included as a priority across all sectors of the economy.
- Health should be imbedded in EU key strategic documents (not only in “health” policy but integrated in other relevant sectors - intersectoral/horizontal collaboration).
- Health objectives should be backed up by economic arguments, it is essential to link research with cost-benefit analysis.
- Cooperation with stakeholders and capacity building are very important for successful implementation of health promotion projects.
- Sustainability of projects can be maintained through educating people involved in the network.

**Breakout sessions 2 - Key Messages/conclusions:**

- Identify good practices and use what already exists. The EU developed the ‘Best practices portal’, which enables mutual learning about the types of interventions that can better support this theme.
- The question of how to keep results from projects for a sufficiently long period of time (and to adjust and adapt) was a key point in the discussions. Financial sustainability is a challenge and building a good network of people (NGOs, policy makers, etc.) seems to be an essential point to ensure sustainability: involving key stakeholders is important for these purposes.
- Example of Green Farms project - they found farms and participants, but despite the fact that stakeholders are very interested in the project, resources are still needed. Some participants mentioned the need to involve regions and local communities in the projects. Promotion of the project is very important to be recognized by stakeholders and policy makers, and eventually to have access to financial resources.
- The issue of short-term interest of politicians (electoral time period) was also mentioned. This raises the need to reserve some money in advance for 5 years follow up.
- The issue of gathering evidence about the outcomes of the project and evaluating those outcomes was also discussed. While piloting a project is useful, sometimes there are too many pilot interventions and
not much being implemented. A suggested solution is to enable better interaction and links between researchers (testing and investigating outcomes) and policy makers.

- Enabling learning and developing good practices. While there seems to be an abundance of good practices to learn from, the lack of detailed information about funded projects is a problem. All projects should be published in one place, e.g. a website, with the description of the project, target groups and the area it operates. It was suggested that there should be more awareness on the existence of ESIF funds; make them known at the EU level. There should be a list of the projects funded by EU, and that list should be widespread. While the lists of projects are only available in the national languages a possible solution would be to create a platform to communicate and enable interaction between project beneficiaries (e.g. a social network for project beneficiaries).

- Project Application form requires so much planning - it was suggested that this should be made more flexible.

- Administrative requirements are often hard to fulfil - e.g. to send the application forms to all Ministries and Agencies.

- A good project management is required to have an overview of the whole project, as well as good communication within the team members.

- Better communication with people from different municipalities, make them more aware of the funds is also important.

- Building the project from the people and their needs was also considered an essential part for successful projects.

- Two main suggestions and pressing questions emerged:
  - To make sure sufficient information is available to learn from the good practices; and
  - To incorporate sustainability in the project by involving key stakeholders, country representatives, policy makers, etc.

Breakout session 3 - Key Messages/conclusions:

- Streamline project management and administration - local perspective needed.

- Overlapping of preventative programmes, national and regional; this needs to be re-organised on a stable basis.

- Promote health equity - proportional universalism, tackle new life burdens (media messages, different environments, smart interventions.

- Health in all policies incorporated into ESIF+, each stream and department need to know that they must involve health.

- Strategic thinking on a political level, investment in people, funds linked closely to EU semester.

- Too many types of funding streams, not clear where it is best to go, funding coordination across the different streams is needed because similar projects within countries are funded.

- Funds are good for whole-population level projects.

- More needs to be done to connect projects with private finance and private businesses, funding should be linked to outcomes and financing should have strategic aims. Private corporations must be monitored closely - perhaps this could be a role for the EU Commission to develop guidelines in this regard.

Health workforce peer review

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, orthopedgy, 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 participant 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. geriatry, 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.

Health workforce thematic workshop

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 ESI 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 ‘Specialisation in Health’ project.


- 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 Kroesen 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 Kroeezen).
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 8: Workshop presentations

Access to healthcare workshop:
http://www.esifundsforhealth.eu/node/67

Health system reform workshop:
http://www.esifundsforhealth.eu/node/71

e-health workshop:
http://www.esifundsforhealth.eu/node/68

Research and innovation in health workshop:
http://www.esifundsforhealth.eu/node/69

Health promotion workshop:
http://www.esifundsforhealth.eu/node/70

Health workforce workshop:
http://www.esifundsforhealth.eu/node/72