



EUREGIO III Stakeholder Survey

**Collecting experiences on the needs and priorities of European Stakeholders
regarding health-related structural funds investments
Margit OHR**

January 2011



Executive summary

The EUREGIO III project provides evidence and learning as a contribution to improving the process and effectiveness of health-related investments using structural funds (SF) by conducting this online survey in Europe. In its approach, the EUREGIO III project has tried to address the specific needs of the stakeholders in the health sector with a view to ensure as much as possible targeted and effective SF investments.

These are taken into account through the 27 questions about how the SF process operates and supports the needs of stakeholders categorized into 5 sections (summarized in Section 3 of the report):

1. Organizational information;
2. What investments priorities exists in European countries;
3. What are the needs of the stakeholders;
4. Available Resources;
5. Towards intersectoral co-ordination and collaborative working.

The EUREGIO III project is currently at mid-term. Findings of the online survey are presented in this report. These enable us to inform a needed capacity building audit regarding the application and process of health-related SF investment to continue in the last year of the project and beyond. The key findings of the survey will guide us in designing the capacity building elements of the project. There is a clear need to inform the stakeholders as early as possible with a view to better shape future spending.

This summary presents:

- Key messages (emerging from stakeholder survey & consultation, analysis of findings of the survey and related feedbacks)
- The need for capacity building audits.

This report focuses mainly on direct health investment. However, it opens up challenges towards intersectoral co-ordination and collaborative working. The findings of the stakeholders survey supplement the Euregio III: Interim observation, outcomes and future direction paper presented by Dowdeswell and Watson 2010.

Key messages

1. The most important health-related investments are e-health, infrastructure development and health development activities as top priorities in Europe, yet due to the economic crises health development activities have been cancelled in some countries.
2. There are needs to combine cost-reduced policies with investment policies to change the model of providing health services due to the credit crisis and consequent fiscal austerity.
3. There is recognition to the need to harmonize the different development policies in order to use SF effectively and sustainably by informing direct health spending and exploring how to maximise wider health gains. However, the needs between the principal beneficiaries in the 2000-2006 and 2007-2013 periods are different due to marked differences in societal, economic and health circumstances. In addition to all of these there are frequent and unpredictable changes in health care strategy.
4. There are still very clear demands for better and faster communication with the European Commission, giving best practices and practical know-how knowledge that regions have identified as a priority development for 2007-2013 periods.
5. Specific help is needed to improve understanding, confidence and expertise in preparing good Structural Funds applications regarding (i) information about available financial and administrative aspects of the applications, (ii) joint training sessions/advise with experts and (iii) technical advice & support for the application.
6. Specific help is needed to improve understanding, confidence and expertise in managing SF projects regarding: (i) being a partner in relevant other projects (for example Interreg) that help develop ideas, knowledge and experiences for project implementation, (ii) support/training about financial management and (iii) national learning & development opportunities.
7. The key question to be addressed by a capacity building audit is: Given the priorities identified for maximising health gains from Structural Funds and the key ROP/OP priorities relevant to the pilot regions, where should investment in capacity building be directed for greatest impact?
8. Resources allocation is one of the main domains regarding capacity building in EU12 member states and regions. These challenges will place greater emphasis on the need to improve (regional) absorption capacity to manage these changes and plan and implement relevant and effective SF investment.
9. A shift towards a more pluralistic healthcare model is also likely to change SF spending priorities but in turn will demand a more integrated, cohesive and coherent cross cutting approach to regional master planning. There is the need for strategic asset and investment planning and system level capacity building for proactive Strategic Health Impact Assessment at member state, regional and EU Commission level regarding direct or indirect health-related SF investments.
10. This could be effectively achieved by building on EUREGIO III; providing collaborative advisory networks, holistic capacity building, peer-review and mentoring support systems with external expertise having non-profit independent status.

Contents

EXECUTIVE SUMMARY	2
<i>Key messages</i>	3
1 INTRODUCTION	5
2 BACKGROUND: THE TARGET GROUPS	5
3 MAIN FINDINGS	12
<i>Existing investments priorities in EU Member States</i>	12
<i>Stakeholder needs</i>	17
<i>Available resources</i>	21
<i>Towards intersectoral coordination and collaborative working</i>	24
4 THE NEED FOR CAPACITY BUILDING AUDITS	27
5 CONCLUSIONS	28
ANNEX A: QUESTIONNAIRE	30

1 Introduction

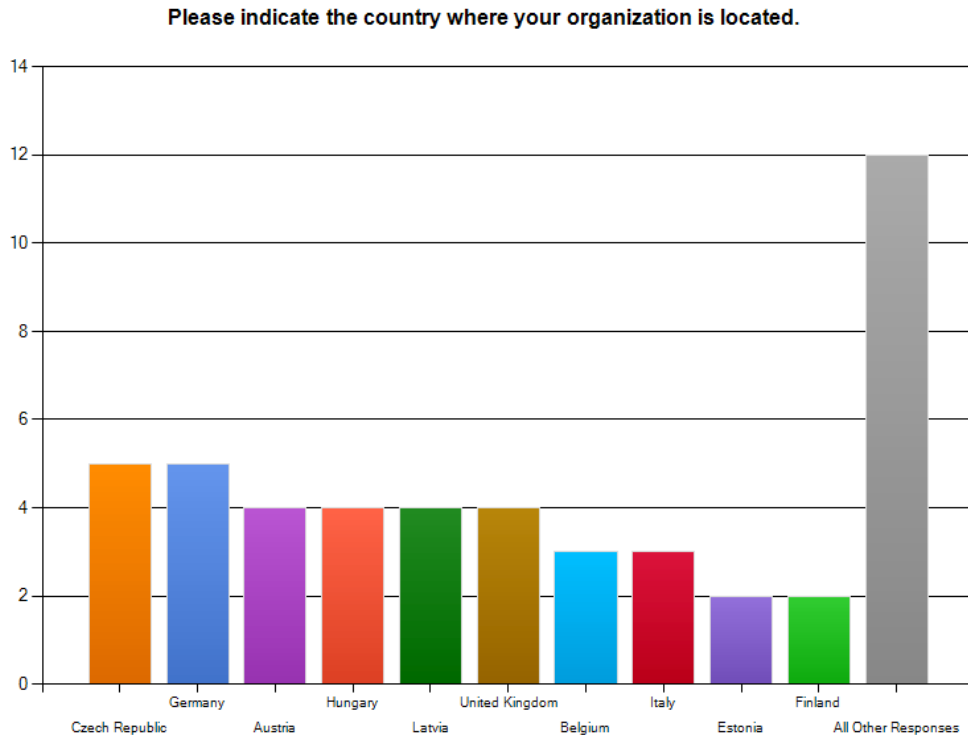
- 1.1 This report presents findings from a stakeholder online survey that was used to assess the views of key target audiences about the needs and priorities for health-related structural funds investment projects.
- 1.2 This survey is done as part of the EUREGIO III (EIII) project (www.euregio3.eu) that is tasked with learning lessons from health-related investments in the 2000-2006 and 2007-2013 SF period. The new knowledge gained is intended to (i) provide practical information to organizations applying to use SF, those already running SF projects and the Managing Authorities responsible for SF Operational programmes (ii) inform the mid-term review of the current SF period (iii) inform planning for the 2014-2020 SF period.
- 1.3 The aim of the survey was to document different perception of the stakeholder's needs and priorities and conflicts of interests and support the development of a common orientation for the effective use of SF money. The objectives of this survey were: (i) to assess stakeholders needs and priorities in using SF, (ii) to determine current capacity in EU Member States and their regions Europe to use SF for health-related investments (iii) to identify the strengths and weaknesses of current support and advice available to SF beneficiaries.
- 1.4 A holistic capacity building model was used to capture needs and priorities. This reflected findings from the Venice stakeholder event together with the Krakow workshop that highlighted the need for capacity building to improve the use of SF in health investments and provided consensus-based recommendations.
- 1.5 The questionnaire consists of 27 questions and the survey is being carried out using a specialist survey website, so allowing all responses to be completely anonymous. The 27 questions categorized into 6 sections: (i) organizational information (6 questions), (ii) existing investments priorities in European countries (5 questions), (iii) stakeholders needs (5 questions), (iv) available resources (5 questions), (v) Towards intersectoral co-ordination and collaborative working (4 questions) and (vi) 2 closing questions (see Annex A).

2 Background: the target groups

- 2.1 The following stakeholders were invited to fill in the online questionnaire:
 - Existing networks, partnerships and other relevant collaborative working across Europe (also participants at the 1st meeting of the Committee of the Regions Technical Platform for cooperation on Health),
 - Managing Authorities of Operational Programmes (National and Regional Programmes) in the 27 European Union Member States and European Territorial Cooperation Programme
 - Potential Structural Funds beneficiaries across Europe,
 - Contacts of the Ministry of Health responsible for National Strategic Reference Framework and Structural Funds,
 - National focal points of the Programme of Community action in the field of Health (2008-2013)
 - The Brussels offices of the European Regions.
- 2.2 EUREGIO III Core & Reference Group members tested the Stakeholder online survey from July 2010 and it was used with the above stakeholder groups from September 2010.
- 2.3 All European Member States were invited to fill in the online questionnaire. Out of the 27 Member States, 21 filled in the questionnaire with 48 respondents (out of 1400

stakeholders being asked) by end of November 2010. Most of the respondents represented the Czech Republic, Germany, Austria, Hungary, Latvia & the UK (see chart 1).

Chart 1: List of countries responded to the survey



- 2.4 We experienced a very low and slow response rate and 6 countries have still not responded (see Table 1). Therefore we decided to further research the needs and priorities of European stakeholders regarding health-related structural funds investment by continuing the online survey until the end of the EUREGIO III project. So the findings presented in this report will be regularly updated.
- 2.5 When it comes to countries that didn't respond it is surprising that Slovenia and Lithuania did not respond. During the engagement process with European stakeholders we worked closely with colleagues from Lithuania and Health ClusterNet itself has a long standing working relationship with Slovenia. We also note that Denmark, France, Ireland and Luxembourg didn't responded to the survey from among the EU15.
- 2.6 The following organizations (see Box 1) and stakeholders filled in the questionnaire. Most of the respondents represented Departments of Health and other Ministries from various EU Member States. The stakeholders represented very diverse positions (see Box 2). The collection of information is crucial for member states and regions to be able to respond to the changing needs of very diverse stakeholders. The process apparently is time-consuming and information is not available from Member states and regions from various reasons.

Table 1: List of the EU27 countries, their response percent & count

<i>EUREGIO III Stakeholder Survey, July 2010</i>		
Please indicate the country where your organization is located.		
Answer Options	Response Percent	Response Count
Austria	8.3%	4
Belgium	6.3%	3
Bulgaria	2.1%	1
Cyprus	2.1%	1
Czech Republic	10.4%	5
Denmark	0.0%	0
Estonia	4.2%	2
Finland	4.2%	2
France	0.0%	0
Germany	10.4%	5
Greece	2.1%	1
Hungary	8.3%	4
Ireland	0.0%	0
Italy	6.3%	3
Latvia	8.3%	4
Lithuania	0.0%	0
Luxembourg	0.0%	0
Malta	2.1%	1
Netherlands	2.1%	1
Poland	2.1%	1
Portugal	4.2%	2
Romania	2.1%	1
Slovakia	2.1%	1
Slovenia	0.0%	0
Spain	2.1%	1
Sweden	2.1%	1
United Kingdom	8.3%	4
answered question		48
skipped question		0

Box 1: Examples of the organizations answered to the online survey

Regional Department for Health in Sicily
Basilicata Region - Health Department
Ministry of Health The Elderly and Community Care
Moravian-Silesian Region
KÚ MSK
Regional Council Moravia Silesia
Ministry of Health and Consumer Affairs
Regionalni rada regionu soudrznosti Severozapad
Ministry of Health of the Czech Republic
Central Baltic INTERREG IV A Programme 2007-2013
BSK Arkitekter AB
Greater London Authority
Health Capital Berlin-Brandenburg
Government of Styria/Austria Department 14 - Economic Affairs and Innovation
Central Baltic INTERREG IV A Programme 2007-2013
European Union of Medical Specialists
CCDR Alentejo
Ministry of the Interior
Central-Transdanubian Regional Development Agency
Charité - Universitätsmedizin Berlin
alpheios GmbH
LIGA.NRW
HELLENIC CENTER FOR DISEASES CONTROL AND PREVENTION
NRW Institute for Health and Work
Office of the government of Upper Austria
NHS European Office
Ministry of Health Cyprus
Ministry of Health - Intermediate body
Schuman Associates
Tarus Media
Welfare Area, Health Directorate, Friuli Venezia Giulia Region
Edelman
Ministry of Social Affairs
Maastricht University
MoH
Health Services Management Training Centre, Semmelweis University
Health ClusterNet
University of Liverpool

Box 2: Examples of the positions of the respondents answered to the online survey

Manager in Assessor's staff
Consultant
EU Funds Manager
Officer
Economist
Head of programming department
Director of Health Assurance and Recruitment
Referee
Monitoring, Project Supervisor and Technical Support Unit
Head of Joint Technical Secretariat
Architect
European Policy Manager
Senior Adviser
Deputy Head of Department
Info Point Manager
Assistant
Technician
Adviser/ regional development
Planner
University Hospital
Senior partner
Director General
MEDICAL DOCTOR, NFP
Researcher
Head of unit and Managing Authority
Senior European Policy Manager
General EU Coordinator
Senior officer
Head of EU funds planning and managing unit
Head of division
Senior Manager
General manager
EU funds expert
European Director Public Affairs
Project Manager

- 2.7 The stakeholders were asked to indicate the sector their organization represents. The results are summarized in Table 2 below.

Table 2: List of sectors involved

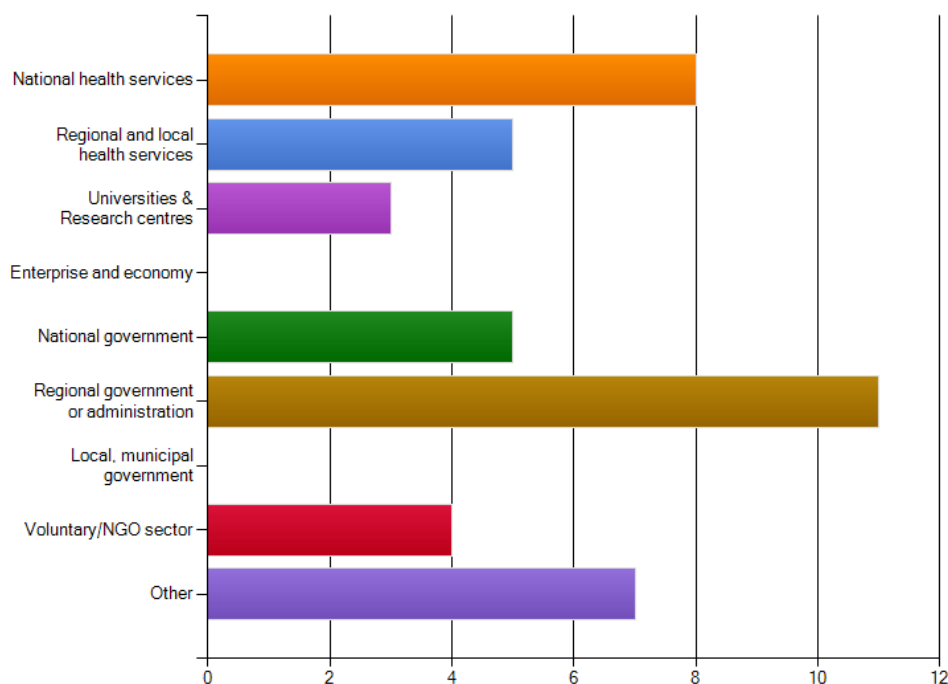
Which of the following sectors is your organization part of? (Please tick one box only)

Answer Options	Response Percent	Response Count
National health services	18.6%	8
Regional and local health services	11.6%	5
Universities & Research centres	7.0%	3
Enterprise and economy	0.0%	0
National government	11.6%	5
Regional government or administration	25.6%	11
Local, municipal government	0.0%	0
Voluntary/NGO sector	9.3%	4
Other	16.3%	7
answered question		43
skipped question		5

- 2.8 Most of the organization that responded to the online survey were part of regional government or administration and national health services together with 16,3 % mentioned other (see chart 2). Those who answered other to the sector they work in mentioned the following: (i) Professional organization representing medical specialists, (ii) Consultants in healthcare and social services to public bodies and private organizations in Germany and abroad, (iii) Consultancy supporting companies to identify funding to deploy eHealth projects, (iv) continuous medical education, medical publications, business medical events and (v) Public Affairs consultancy.

Chart 2: Sectors involved

Which of the following sectors is your organization part of? (Please tick one box only)



- 2.9 The respondents also described their main tasks/experiences in relation to the use of health-related Structural Funds investments. The experiences are summarized in box

3 below. Respondents activities and the corresponding allocation of tasks are not analyzed further in this report.

Box 3: examples of main tasks/experiences of the respondents

Fulfill the role of LM in the Ministry for Health as will be established in the manual of procedures for the EU Funds, financial control and ex-ante checks on payments. Co-ordinate of projects falling within the portfolio of the Ministry and its agencies. Constant liaison with the horizontal stakeholders, primarily PPCD, PA, DOC, Treasury and Budget office and any intermediate body on issues pertaining EU Funds and projects being co-financed. Participation in and preparation of the monitoring/steering committees as requested by the Perm Sec. Perform duties related to the compilation of data and other research work. Carry out training activities on the different aspects of the Funds. Attend meetings/conferences/training. Fulfill any other ancillary roles as may be identified by the Director DPI. National Focal Point of the Public Health Programme.
Preparing different projects
Management authority of Regional operational programme
Purchase of medical equipment. Modernization and reconstruction of regional healthcare facilities (building of complex infrastructure in the area of emergency and acute care, small centres of primary health care.
Health-related issues are covered by the Programme's 3rd priority on "Attractive and dynamic societies"
To research EU programmes and raise awareness to internal colleagues and stakeholders
Investments concerning new forms of accommodation
Funding of Clusters in this field.
Providing consultation to applicants
We have not used any Health related Structural funds investments since the call for proposal were related to very specific areas
My experience is that health investments are usually not included in the Structural Funds programmes as financing health sector is considered the primarily task of the national budget and not of SF (using SF for health care investments can be considered as replacement of national budget tasks with SF). However, since health financing is insufficient in our country, the hospitals are rather interested to apply for investments from SF, and we have sometimes approved such projects.
Set up tender calls, revise tenders, make strategic documents with (public) health sector issues
Project partner or collaborating partner
We haven't used health-related SF funds yet
I was responsible for the application and administration of several health-related projects, and our Institute currently is partner in 6 EU-projects
Managing authority on programme level: Therefore questions of eligibility and possible kind of projects.
Planning of EU financing in health sector
Promote Structural Funds for health to UK health services.
Coordination and participation to Programmes financed by European Regional Development Fund of the Structural Funds. Receiving and disseminating information through the Ministry of Health regarding EU Structural Funds
I have more than 3 years experience work in structural Funds - ERDF implementation unit.
Planning and supervising health-related Structural Funds investments
To elaborate implementation conditions of EU funded activities un to monitoring implementation of EU funded activities

Implementation of the Operational Programme of Health
Managing the use of health-related Structural Funds investments
Scientific perspective from the outside

3 Main findings

3.1 This section presents the main findings from the online survey.

Existing investments priorities in EU Member States

3.2 Several questions have been raised with regard to the investments priorities in EU Member States. The following 3 priorities have been mentioned as the top examples: (i) E-health, (ii) infrastructure development (iii) Health Promotion (see Chart 3 and Table 3) The access to financial resources & health services can be improved by user-oriented better information via website was mentioned as other examples of priorities by 2 respondents.

Chart 3: Investment priorities

What do you consider to be the most important priorities regarding health-related investments in your country? (Tick all that apply)

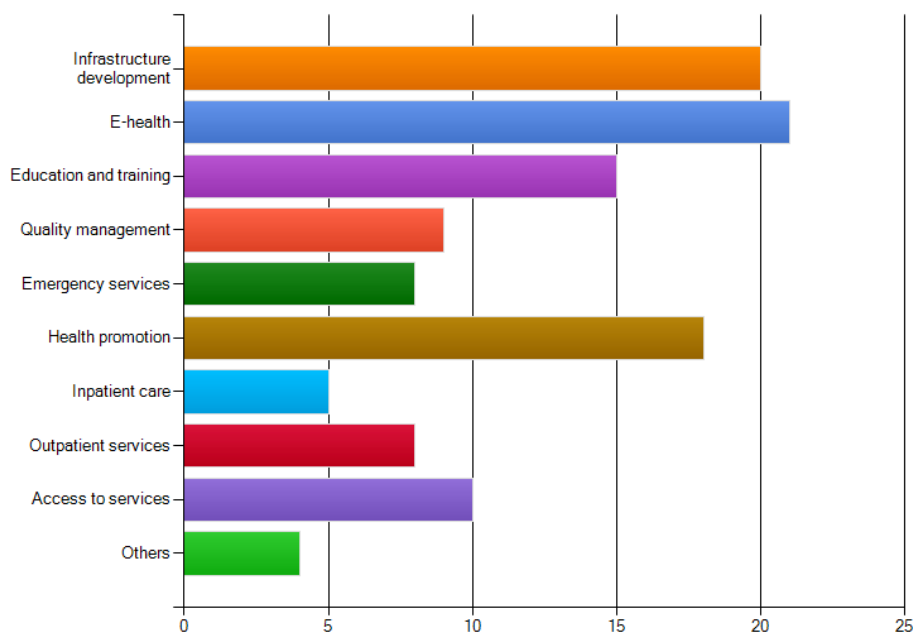


Table 3: List of investment priorities

EUREGIO III Stakeholder Survey, July 201		
What do you consider to be the most important priorities regarding health-related investments in your country? (Tick all that apply)		
Answer Options	Response Percent	Response Count
Infrastructure development	57.1%	20
E-health	60.0%	21
Education and training	42.9%	15
Quality management	25.7%	9
Emergency services	22.9%	8
Health promotion	51.4%	18
Inpatient care	14.3%	5
Outpatient services	22.9%	8
Access to services	28.6%	10
Others	11.4%	4
answered question		35
skipped question		13

- 3.3 This is an interesting spread and ranking of priorities. Immediate observations are as follows: eHealth has outranked other priorities. This probably reflects two factors: eHealth has been strongly promoted and supported by the EU as a key ‘innovation’ priority – the ranking mirrors the impact of this and a probable assessment by countries/regions that they are the most likely of all SF proposals to attract funding support. In other words this is an element of opportunism. eHealth projects are usually small scale, affordable and easily developed. There is an emerging sense in which governments are looking to these low cost options to stimulate transformational change in the quality and nature of service delivery.
- 3.4 Overall the outstanding question with many if not most eHealth projects is the effectiveness of their impact. A number of studies have suggested that small individual stand-alone projects have little overall impact when measured against whole population health. Furthermore they are also often uncoordinated and fragmented across populations. The leading question therefore is – *describe the impact of eHealth projects on the health status and quality of care delivery in measurable terms*. Perhaps the survey result in this context could highlight the need to develop decision criteria to test this potential and of course follow it up in terms of evaluation of outcome.
- 3.5 It is interesting that infrastructure has retained second ranking – particularly in face of suggestions by the EU that the current specific DG Sanco focus on SF infrastructure support will be diluted somewhat in future programme cycles. Again hidden in this result is how respondents rate the different forms of infrastructure investment e.g.
- a. Simple modernization
 - b. New build hospital developments
 - c. Community based investments
- 3.6 It would be interesting to know this as the rankings for services infrastructure are quite low in the table e.g. outpatient services, inpatient care and emergency services. This suggests that the main driving force in infrastructure replacement/development is the existing poor quality of facilities rather than capital injection being used to drive transformational change, for example a move away from a hospital centric model of

care. This result is important in signaling the ongoing need to modernize facilities – but with a suggested caveat that investment should be directed as much to modernization of service delivery as physical modernization of buildings and technologies.

- 3.7 Health promotion is about where it should be with the EU priority given to the public health agenda – more surprising is how well education and training has held up. This is higher than we would have supposed and quite possibly reflects concerns about within government/region future cuts with SF seen as an alternative source of funding.
- 3.8 Access to services is quite low despite this being a significant determinant of inequality. More insight would be needed to draw firmer conclusions but it may show the disconnect in respondents minds between the classic drivers of inequality – social determinants – as set against operational determinants. This is a relatively unexplored and under-researched area. The findings might be used as a vehicle to prompt further review work in this area, in particular when set in the context of an ageing population and rising tide of people with chronic illness.
- 3.9 The big question arising from this result is the need to further understand the relative ‘measurable’ impact of eHealth investment vs infrastructure. Ideally the two should be linked, for example eHealth projects used as part of a hospital avoidance strategy with a commensurate disinvestment in hospital facilities. Experience often shows that eHealth projects are promoted to deliver these benefits but that investment decisions remain remote and unconnected with meaningful disinvestment decisions. In these circumstances there is no offset and eHealth spending ends up adding to a cumulative cost burden instead of contributing to the principle of new investment as a zero sum game (B. Dowdeswell, 2010).
- 3.10 Many diverse examples have been described with regard to how health investments priorities have been influenced by the economic crisis, what extent and how; including people either don’t know or think the health sector will not be influenced by the economic crises. The examples are presented in box 4.

Box 4: Health investments priorities have been influenced by the economic crisis, what extent and how

All countries have been influenced by the economic crisis
Lower budget for healthcare, less financial resources for infrastructure development
NO
We need to combine cost-reduced policies with investment policies to change the model of providing health services
Not influenced
Restructuring of health policy in the UK and research
No, economy crisis did not have had any influence to this
These fields have been very crisis resistant
Do not know
Not directly. Since Estonia does have a limited national budget, the majority of health care financing is dedicated to treatment, and there are insufficient funds for, e.g. early detection of illness because of lack of funds for regular health monitoring tests. Patients are allowed test only in case of clear unwanted signs, no regular in-depth health monitoring can be financed. Economic crisis has not made the situation worse, the share of national budget for health has a similar share in the national budget as prior the crisis. What may have gone worse - and it's only a guess - is that since people are experiencing unemployment and

salary cuts, they have less disposable income for healthy (organic and fresh) food and medicines, and hence it backfires on health situation
OF course, but more difficulties are caused by state funding and budgetary issues
<ul style="list-style-type: none"> - Budget deficit of €56 million - The support we receive from the state of Berlin for research and teaching has shrunk steadily since 2000. Instead of the €277 million we once received, we will receive just €179 million in 2010 – a drop of €98 million. - More than 50% of the budget is spent in personnel - State control is still too powerful and bureaucratic obligations confining
Budget cuts
Since investment in the hospital sector are to be financed by the German states, their difficult economic situation influenced their investments into healthcare
No
Not really
Due to economic crisis there is lack of financing to almost all priorities in health sector
Issues with access to capital funds following economic crisis. This could impact on infrastructure development
Partly influenced. There is a continuous effort for promoting strategies in these fields with the given financial resources
Yes, co-financing and project implementation problems
Due to economic crisis health promotion activity was cancelled
In all the countries that we're following the allocation EU funding has been delayed, postponed or sometimes cancelled all together due to the crisis
In Romania, those aspects have been influenced by the economic crisis but not only. The bad management and policies have also a big influence. The lack of predictability plays also a major role
Less investments in health related priorities
Less finances to spend have been influenced to different aspects
Structural Funds resources seen, as the only extra funding available in the health sector in the EU12, but it is hard to get
Harder to get co-funding from Government or private sources
Yes, budgets are cut, and SF money is even more needed for the sector, mainly infrastructure development
The workshops have struggled to recruit fee paying participants

- 3.11 The overall impression here is that respondents are yet to feel the impact of the economic crisis – the concern must be that *there is little evidence of forward planning for the inevitable turn down in economic activity and growth*. This will impact on all sectors and although there is evidence in the answers suggesting that respondents believe to some extent health budgets will be protected this will almost certainly prove to be wrong. Even if budgets are protected at 'stand-still' levels the rate of growth in demand will be inexorable and will quickly put budgets under fairly severe pressure. There appears to be an attitude here of managing on a day-to-day basis than looking at longer-term strategic options.
- 3.12 In more specific terms: There is some recognition that models of care need to be changed – but there does not seem to be the realization that the credit crisis creates a unique opportunity (and expectation by the public) for radical change.
- 3.13 The comments on impact on people's health (the disposable income comment) is erroneous. Evidence strongly demonstrates that during periods of recession people's

health status improves except for areas such as alcohol poisoning, mental health and drug abuse – which all increase significantly.

- 3.14 It is clear there are concerns about sustaining investment in education – despite this being rated quite highly in the previous ranking list – equally it is interesting to note that health promotion has also been cut again despite high ranking. This suggests that governments may see these budgets as soft targets, thus avoiding front line impact e.g. avoiding hospital service cuts. In reality this again suggest that governments may back away from confronting sensitive whereas above suggests they may be missing opportunities for change.
- 3.15 The comment on co-financing is perceptive – this will be a real stress area if future SF funding proposals are based on co-financing models.
- 3.16 The comment about EU funding cancellation (presumably within-country decisions) suggests ongoing concerns that the operational costs of projects have not been fully accounted for in revenue strategies. This seems to be a common failing, too few countries allocate revenue flows to capital projects as part of their project submissions to the EU – this is often glossed over.
- 3.17 Taken overall – both survey results above– the overall impression is one of short-termism. There does not seem to be much evidence of joined up strategic thinking. The most worrying feature is that embedded in the results are comments that are as much about the poor standards of current management and operational regimes as expressions of concern over the recessionary crisis.
- 3.18 Also embedded in the results are strong signals that countries continue to regard health related SF as an important (in some cases only) future source of funding despite the potential loss of ring-fenced health related SF in the next funding cycle (B. Dowdeswell, 2010).
- 3.19 Two barriers have been raised the most with regard to the effective use of SF for health-related investment. These are: capacity deficiencies in organizational development and delays in initiating operations (see in Chart 4 and Table 4). Others included the following: (i) difficulties in assuring executive projects from the part of the health institutions after the negotiated procedure, (ii) **frequent and unpredictable changes in health care strategy dependent on current political decisions**, (iii) **co-ordinated awareness of the EU funding opportunities, application process and deadlines** (iv) attractiveness of research and development of “our region” in terms of headquarter or centre of competence location, (v) There is a lack of information on health-related investments by SF, (vi) barriers in project managements, (vii) the effective use of EU funds in health and (viii) **lack of information, small trust in this financing opportunity, lack of public co-finance**.

Chart 4: Barriers to the effective use of SF for health-related investments

What are the barriers to the effective use of SF for health-related investments in your country? (Tick all that apply)

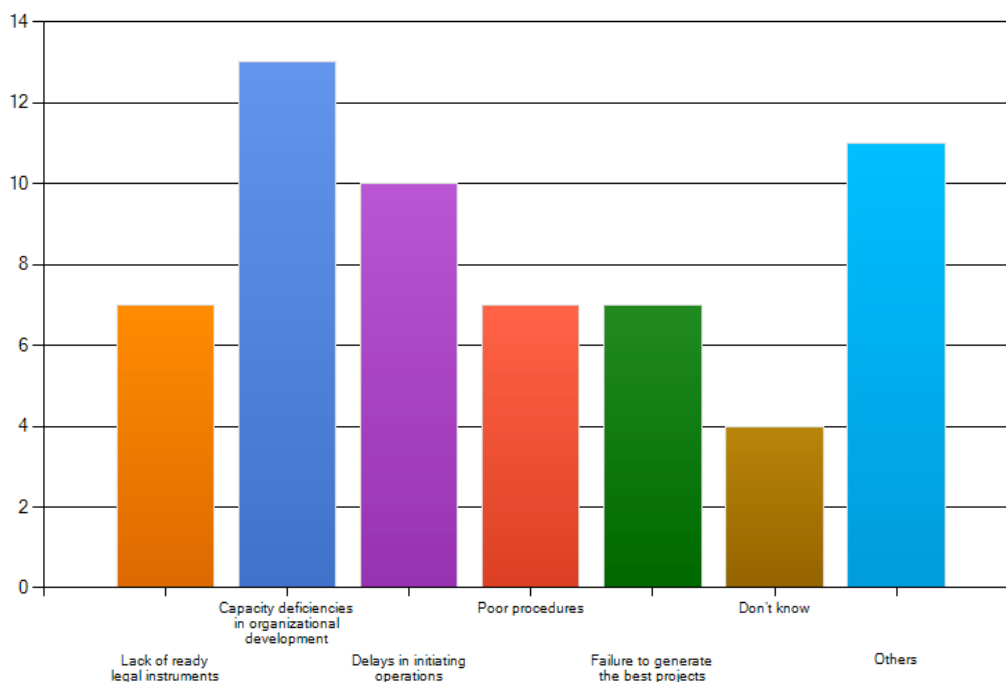


Table 4: List of barriers to the effective use of SF for health-related investments

EUREGIO III Stakeholder Survey, July 2010

What are the barriers to the effective use of SF for health-related investments in your country? (Tick all that apply)

Answer Options	Response Percent	Response Count
Lack of ready legal instruments	20.0%	7
Capacity deficiencies in organizational development	37.1%	13
Delays in initiating operations	28.6%	10
Poor procedures	20.0%	7
Failure to generate the best projects	20.0%	7
Don't know	11.4%	4
Others	31.4%	11
answered question		35
skipped question		13

Stakeholder needs

3.20 Specific help is needed to improve understanding, confidence and expertise in preparing good *Structural Funds applications* regarding:

- information about available financial and administrative aspects of the applications
- joint training sessions/advise with experts and
- technical advice & support for the application (see Chart 5 & Table 5)

In addition to the above two other items have been mentioned that the following are important for good SF applications:

- better and faster communication with the European Commission, giving best practices
- regional learning opportunities including between regions in countries and in the EU.

3.21 In addition to the above AER member regions reported in a survey (September 2010) that alternative funding resources like EU funding plays a more important role for their health and social policies after the economic crises, regional knowledge about these funding resources and the possibility to apply for them has to be further increased.

3.22 This could be effectively achieved by building on EUREGIO III; providing collaborative advisory networks, holistic capacity building, peer-review and mentoring support systems with external expertise having non-profit independent status.

Chart 5: Kinds of help is needed to improve understanding, confidence and expertise in preparing good structural Funds applications

What specific help is needed to improve understanding, confidence and expertise in preparing good structural Funds applications in your country? (Tick all that apply)

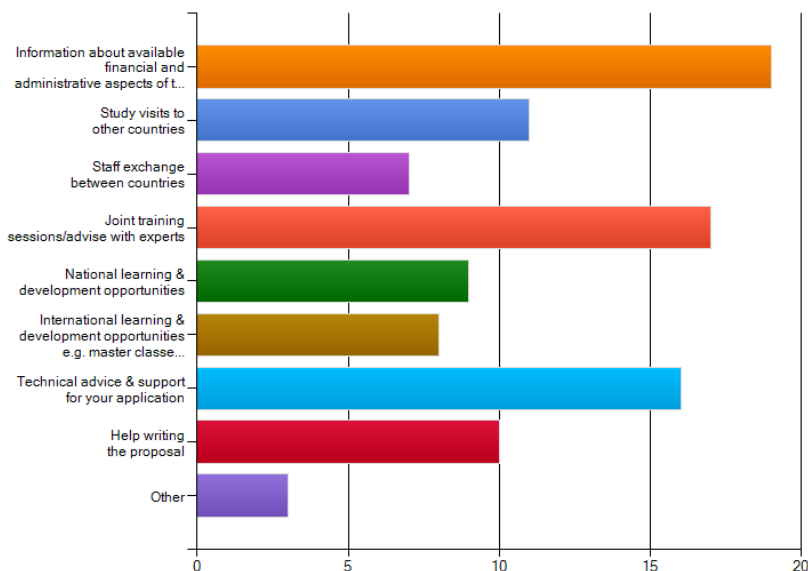


Table 5: Kinds of help is needed to improve understanding, confidence and expertise in preparing good structural Funds applications

EUREGIO III Stakeholder Survey, July 2010		
What specific help is needed to improve understanding, confidence and expertise in preparing good structural Funds applications in your country? (Tick all that apply)		
Answer Options	Response Percent	Response Count
Information about available financial and administrative aspects of the applications	55.9%	19
Study visits to other countries	32.4%	11
Staff exchange between countries	20.6%	7
Joint training sessions/advise with experts	50.0%	17
National learning & development opportunities	26.5%	9
International learning & development opportunities e.g. master classes & learning sets	23.5%	8
Technical advice & support for your application	47.1%	16
Help writing the proposal	29.4%	10
Other	8.8%	3
answered question		34
skipped question		14

- 3.23 Regarding *managing SF projects* specific help is needed to improve understanding, confidence and expertise in: (i) being a partner in relevant other projects (for example FP7, Interreg) that help develop ideas, knowledge and experiences for project implementation, (ii) Support/trainings about financial management and (iii) National learning & development opportunities (see Chart 6 & Table 6).
- 3.24 Sometimes people cannot ask for specific help, because they don't have the confidence and expertise to ask. Somebody mentioned: "I don't know. This is a knowledge area in which I don't have expertise".
- 3.25 Not every stakeholder has a clear idea about his or her own needs regarding applying or managing health-related structural funds project in the health sector. Further assessment of the situation has to clarify the issues and priorities here, because the lack of information hinders a full understanding of the real need of the stakeholders.

Chart 6: Kinds of help is needed to improve understanding, confidence and expertise in managing SF projects

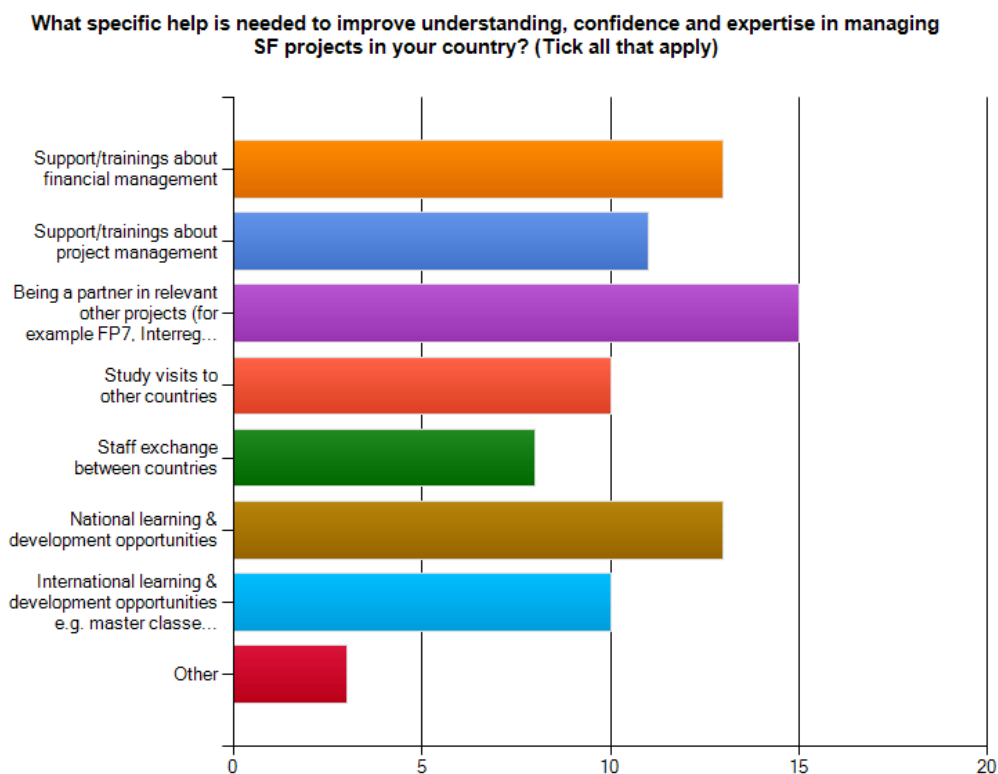


Table 6: Kinds of help is needed to improve understanding, confidence and expertise in managing SF projects

EUREGIO III Stakeholder Survey, July 2010		
What specific help is needed to improve understanding, confidence and expertise in managing SF projects in your country? (Tick all that apply)		
Answer Options	Response Percent	Response Count
Support/trainings about financial management	38.2%	13
Support/trainings about project management	32.4%	11
Being a partner in relevant other projects (for example FP7, Interreg) that help you develop ideas, knowledge and experiences for your project implementation	44.1%	15
Study visits to other countries	29.4%	10
Staff exchange between countries	23.5%	8
National learning & development opportunities	38.2%	13
International learning & development opportunities e.g. master classes & learning sets	29.4%	10
Other	8.8%	3
answered question		34
skipped question		14

Available resources

- 3.26 In Box 5 below we summarise the relevant national/international conferences, workshops, 'in service' training programmes stakeholders participated in to support their professional development in relation to the use SF. Training sessions/advise with experts needed to improve understanding, confidence and expertise in applying and managing SF projects. Many lessons from early SF investments in the EU12 are being rapidly overtaken by events organized during the Euregio III process.

Box 5: National/international conferences, workshops, 'in service' training programmes stakeholders participated in to support their professional development in relation to the use SF

Attended a 5 day workshop organized by the University of Liverpool in Poland
Update my skills and knowledge with an Europroject course
Workshop: Optimizing Health through Application of EU Structural Funds Learning lessons to inform regions in the 2007-2013 period and beyond
Semmelweis University Health Services Management Training Centre Budapest, Hungary November 2nd – 6th 2009
Regarding SF support to health care no support was provided
Space and urban development conferences and workgroups
ERDF related conferences and workshops
Trainings provided by Interact (www.interact-eu.net)
Conferences held in Brussels, local workshops held in the UK. Would be good to have a partner search facility for health programmes to find other EU partners
Monitoring committees, annual meetings, IQ-Net, International conferences (Wire)
Since I am working at the programme management level, if at all, I participate in courses related to various aspects of programme management, e.g. managing state aid schemes etc.
Euregio Workshop 2 Berlin Germany 22nd - 24th June 2010
Our Institute is involved in projects from DG SANCO and I always attended the Information Day to get prepared for the proposals
International conference on structural funds in Brussels
Seminars organized by the National Competent Authority
Open days in Brussels, European Academy seminars, EIPA seminars
Cost benefit analysis; Managing of PPP projects, Planning of EU funds, Managing and monitoring of EU funds etc.
There are no events in Romania on health related structural funds. Ours on 28th of October 2010 will be the first one as a different event and not only a plenary session inside a conference
Committee of the Regions
Different general seminars and workshop concerning SF
EIII conferences, workshops, master classes
International project conferences, workshops, master classes

- 3.27 The stakeholders were asked to describe other national/international resources they have access to in relation to the use of Structural Funds. The results are summarized in Table 7 below and presented in Chart 7. Website information, website based guidance, publicity and information campaigns (advertise through various media) for engaging potential stakeholders in the implementation of Operational Programme and public meetings and conferences were mentioned most important by the respondents. Somebody mentioned: "I'm not familiar with the kind of resources our Ministries have access to".

Table 7: Other national/international resources do you have access to in relation to the use of SF

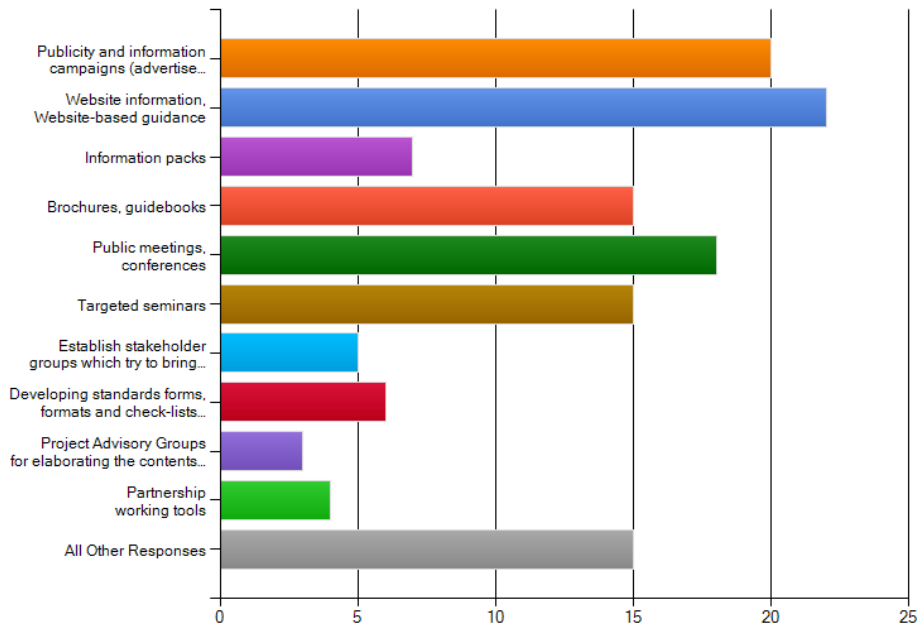
EUREGIO III Stakeholder Survey, July 2010

What other national/international resources do you have access to in relation to the use of SF? (Tick all that apply)

Answer Options	Response Percent	Response Count
Publicity and information campaigns (advertise through various media) for engaging potential stakeholders in the implementation of Operational Programme	60.6%	20
Website information, Website-based guidance	66.7%	22
Information packs	21.2%	7
Brochures, guidebooks	45.5%	15
Public meetings, conferences	54.5%	18
Targeted seminars	45.5%	15
Establish stakeholder groups which try to bring together all interested parties within a particular sector	15.2%	5
Developing standards forms, formats and check-lists to be used by programme authorities and project applicants	18.2%	6
Project Advisory Groups for elaborating the contents of the project and guidance on technical and financial matters	9.1%	3
Partnership working tools	12.1%	4
Impact assessment guidebooks and tools	12.1%	4
Publications as Guidebooks, journals	15.2%	5
Media – Audio-visual tools	12.1%	4
Other	6.1%	2
answered question		33
skipped question		16

Chart 7: Other national/international resources do you have access to in relation to the use of SF

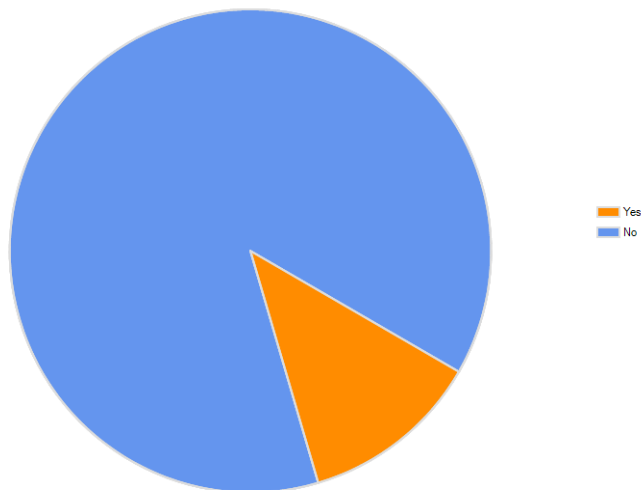
What other national/international resources do you have access to in relation to the use of SF? (Tick all that apply)



3.28 Unfortunately 87,9 % of the respondents don't willing to provide additional details for the above listed resources for EUREGIO III (see chart 8 below). It is a bit worrying as Euregio III intended to build up a publicly available inventory of resources stakeholders have access to in relation to the use of SF. Again the underlying reasons have to be further research and analyzed in 2011.

Chart 8: Stakeholders willingness to provide additional details for the above listed resources for EUREGIOIII to be included in a publicly available inventory of resources

Are you willing to provide additional details for the above listed resources for EUREGIOIII to be included in a publicly available Inventory of resources?



3.29 Those who answered 'Yes' to provide further details the resources they have access to in health-related SF investment describe the information summarized in the Table 8 below. As the information presented in the table is very poor this require more

efforts to collect data. WP6 will seek advice from the members of the reference group.

Table 8: Further details of the resources stakeholders have access to in health-related SF investment

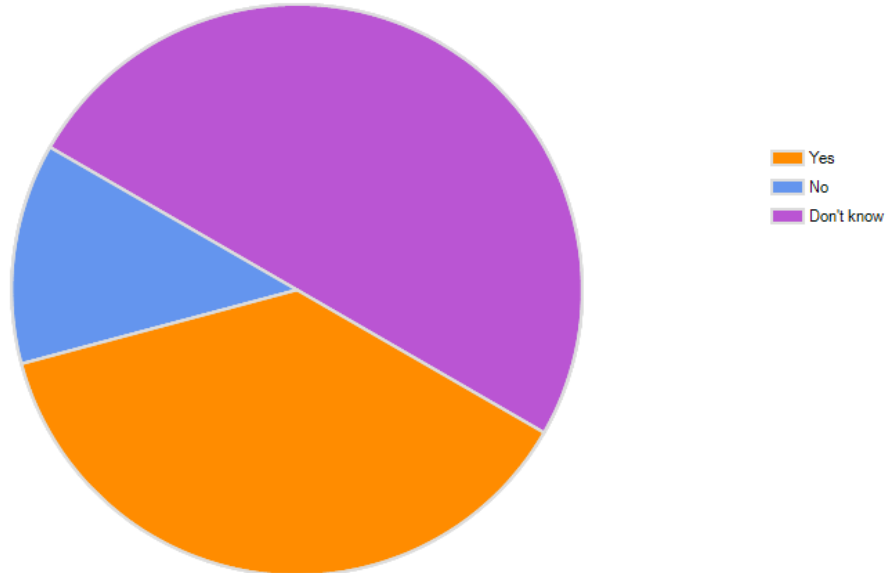
<i>Name of the resources</i>	<i>Brief description</i>	<i>Strength weaknesses</i>	<i>& Resources contact details (contact name and address, phone, email)</i>
Website information on EU programmes	Website with information	Easy to access	Patricia Muotto, email: patricia.muotto@london.gov.uk
EFRE	We have founded the German Association of Telemedicine and this has become one of the most important telemedicine associations. We are prepared to play a more important role in supporting the national and international use of telemedicine	Improving quality and efficiency of healthcare services; skepticism of healthcare professionals	michael.richter@charite.de
Bring together stakeholders			Prof. Dr. H. J. Brauns, chairperson Deutsche Gesellschaft für Telemedizin; c/o alpheios GmbH, Krossener Str. 2, 10245 Berlin; +493066763868, brauns@alpheios.de
ESF	Qualifizierungsprogramm: Lehre und Management im Gesundheitswesen		Prof. Gross, Tina Fix, tina.fix@charite.de

Towards intersectoral coordination and collaborative working

- 3.30 The Committee of the Regions believes that in order for the “Health in all policies” principle to be applied there must be coordination among individual Commission DGs and DG SANCO should be equipped with the tools to monitor whether DGs adhere to this principle (I2sare final meeting, October 2010 Budapest).
- 3.31 To use EU Structural Funds for investments in health and to close the health gaps across Europe makes it necessary to exchange perspectives and knowledge between professions and sectors, e.g. public health, economy, labor market, education etc. (horizontal cooperation/management). Due to the process of EU Structural Fund programme and project development, implementation and evaluation it is further necessary that there is a cooperation of actors on the European, national and regional level (vertical cooperation/management); yet are we ready to do so? 50% of the respondents answered they don't know, yet 37,5% of them answered that mechanism/tools in place in their country in relation the intersectoral governance (see Chart 9).

Chart 9: Mechanisms/tools in place in European countries in relation the intersectoral governance

Are mechanisms/tools in place in your country in relation the intersectoral governance?
 Explanation of why it is needed: To use EU Structural Funds for investments in health and to close the health gaps across Europe makes it necessary to exchange perspectives and knowledge between professions and sectors, e.g. public health, economy, labor market, education etc. (horizontal cooperation/management). Due to the process of EU Structural Fund programme and project development, implementation and evaluation it is further necessary that there is a cooperation of actors on the European, national and regional level (vertical cooperation/management).



3.32 Those who answered 'Yes' to the question above described following *mechanism for intersectoral governance* summarized in Box 6.

Box 6: List of mechanisms and details to the tools stakeholders use for intersectoral governance.

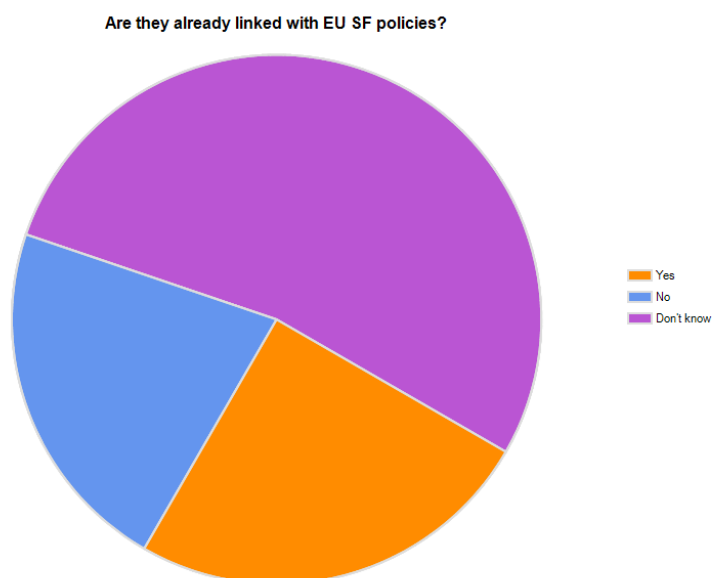
Sicilian regional department for health has been supported by National Agency for Health Services (Agenas)
Meeting, exchange experiences for inspiration
Networks, partnerships
When elaborating national policies / action plans, the national government always consults with regional / local authorities, NGOs and other relevant stakeholders on a specific topic. This is an established practice to cooperate with all relevant parties.
Bundesministerium für Wirtschaft und Technologie Nationaler Strategischer Rahmenplan Senatsverwaltung für Wirtschaft, Technologien und Frauen (EFRE and ESF Programmes)
E. G. we had been commissioned by the Berlin and the Brandenburg government to develop a Masterplan to develop a strategy to make healthcare/healthcare economy/health-related sciences (not only life sciences) a growth factor for the region. We drafted the Masterplan "Healthcare Region Berlin-Brandenburg" integrating healthcare provision with healthcare economy and health-relates sciences including an international perspective as well.
Establishment of National Competent Authority (Planning Bureau of the Republic of Cyprus)
Vertical technical cooperation State-Regions

- 3.33 There was a question regarding mechanism in place in European countries in relation the intersectoral governance and their links with EU SF policies. See the responses below in table 9. 53,1 % of the respondents don't know mechanism in place in relation the intersectoral governance and their links with EU SF policies and an other 21,9 % answered there are no mechanism in place.

Table 9: Mechanisms/tools already linked with EU SF policies

<i>EUREGIO III Stakeholder Survey, July 2010</i>		
Are they already linked with EU SF policies?		
Answer Options	Response Percent	Response Count
Yes	25.0%	8
No	21.9%	7
Don't know	53.1%	17
answered question		32
skipped question		17

Chart 10: Mechanisms/tools already linked with EU SF policies



- 3.33 Those who answered 'Yes' to the question above described the following examples regarding the link with EU SF policies for intersectoral governance: (i) PPCD is the Managing Authority of Structural Funds <http://www.ppcd.gov.mt/home?!=1>, (ii) request for reallocation financial resources, (iii) have sourced ESF programmes and (iv) Bundesministerium für Wirtschaft und Technologie.

4 The need for capacity building audits

- 4.1 In reviewing the EU27 thematic and regional operational programmes it was clear that while regional stakeholders are engaged, investment in capacity building tends to be more implied than explicit (Watson J. *Health and Structural Funds 2007-2013: country and regional assessment*. Report submitted to DG SANCO C5). The focus of (R)OPs tends to be on priorities and outcomes.
- 4.2 The key question to be addressed by a capacity building audit is: *Given the priorities identified for maximising health gain from Structural Funds and the key ROP/OP priorities relevant to the pilot regions, where should investment in capacity building be directed for greatest impact?*
- 4.3 The core group agreed that the need for capacity-building efforts is inevitable by EUREGIO III especially in EU12 countries as agreed in the first year and confirmed by the stakeholder online survey in 2010. To become sustainable and to realize an impact, the project should aim and support at least to a certain degree of capacity building for continuous learning.
- 4.4 Capacity building enables us to capture, assess and continuously develop mainstream SF programmes with potential health gain at an individual, organisational and systems level. It is an approach to the development of sustainable skills, organisational structures, resources and commitment to health gain (economic, social, personal, environmental) in health and other sectors. Capacity building has often been described as the invisible work that is essential in building health infrastructure, maintaining and sustaining programs and creating flexible problem solving capability. This work is often visible as strategies for workforce and organisational development, leadership and partnership development, and resource allocation. In a health system context with a dual focus on service delivery and wider economic/social impacts, capacity building refers to at least two things:
- our capacity to deliver specified, high quality services or responses to particular (familiar) situations or problems, such as inclusive employment or lifelong learning for health professionals;
 - capacity of a more generalised nature – the capacity of the system we are working in to solve new problems and respond to unfamiliar situations e.g. tackling social and health inequalities.
- 4.5 Capacity building is the necessary “process” work to maximise health gain from SFs. In thinking about capacity building we can gain insight into what is working in regions and why? Defining the capacity building effort enables day-to-day and strategic activity to be made operational and measurable. Exposing these factors and considering their inter-relationship will contribute to effective implementation and achievement of direct and added value health gains from mainstream SF programmes. Capacity building provides a framework to assess:
1. The building of infrastructure to plan and deliver health gains at the local level (structures, organisational skills, resources)
 2. The building of partnerships and organisational environments so that programmes are sustained and programme health gains are sustained (programme delivery ongoing through a network approach)
 3. The building of problem solving capability for ROP/OP Monitoring Committees and intermediary bodies including health authorities.
- 4.6 Conceptualising and mapping the domains, levels and integrated aspects of a capacity building approach helps with building the evidence for the link between this critical approach and the successful development of SF funded programmes, projects and services

- 4.7 In summary, this element will seek to: (i) identify and brief pilot region stakeholders about the capacity building process and anticipated outcomes (ii) conduct a baseline audit of capacity in pilot regions and use the findings to identify strengths and weaknesses in current infrastructure, problem solving capability and ability to sustain programmes/projects (iii) produce an action plan with pilot region stakeholders that builds on strengths and prioritise weaknesses that need to be addressed during the pilot project phase (iv) train staff in pilot regions to conduct a supervised re-audit at 12 months and then to review and modify the action plan with pilot region stakeholders.

5 Conclusions

- 5.1 The overall message from this survey is multi-sectoral collaborating working with other sectors and all dimensions of the health sector. The EUREGIO III project is highlighting and providing evidence of that need. One of the most important problems such as limited resources to respond to growing demands regarding health-related structural funds investments common to most member states/regions.
- 5.2 The need for capacity-building efforts is inevitable by EUREGIO III especially in EU12 countries confirmed by the stakeholder online survey in 2010. To become sustainable and to realize an impact, the project should aim and support at least to a certain degree of capacity building for continuous learning.
- 5.3 The Euregio III project will communicate the outcomes of this survey to all relevant stakeholders at EU and Member States level to assist them better assess the capacity and the needs of the MS and develop National Strategic Reference Frameworks, Operational Programmes and funding instruments that support the stakeholders better.

6. References

Annex1 of EUREGIO III: Health investments in Structural Funds 2000-2006: learning lessons to inform regions in the 2007-2013 period

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Health ClusterNET (2010), Health Sector Investment & the use of Structural Funds: priorities and support needs of European stakeholders, Online Stakeholder Survey

I2sare final meeting, October 2010 Budapest

Watson J. (2009) Health and Structural Funds 2007-2013: country and regional assessment. Accessed at: http://ec.europa.eu/health/health_structural_funds/docs/watson_report.pdf

Annex A: Questionnaire

Health Sector Investment & the use of Structural Funds: priorities and support needs of European stakeholders

Organizational information (Q1-Q6=6 questions)

Q1. What is the name of your organisation?

Q2. What is your position in your organisation?

Q3. Please indicate the country where your organization is located.

Answer options:

Austria
Belgium
Bulgaria
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Ireland
Italy
Latvia
Lithuania
Luxembourg
Malta
Netherlands
Poland
Portugal
Romania
Slovakia
Slovenia
Spain
Sweden
United Kingdom

Q4. Which of the following sectors is your organization part of? (Please tick one box only)

Answer options:

National health services
Regional and local health services
Universities & Research centres
Enterprise and economy
National government
Regional government or administration

Local, municipal government
Voluntary/NGO sector
Other

Q5. If you answered 'Other' to Q4 please describe the sector you work in.

Q6. What are your main tasks/experiences in relation to the use of health-related Structural Funds investments? Would you please describe?

Existing investments priorities in European countries? (Q7-Q11=5 questions)

Q7. What do you consider to be the most important priorities regarding health-related investments in your country? (Tick all that apply)

Answer options:

Infrastructure development
E-health
Education and training
Quality management
Emergency services
Health promotion
Inpatient care
Outpatient services
Access to services
Others

Q8. If you answered 'Others' to Q7 please describe the investment priorities in your country.

Q9. Have these been influenced by the economic crisis, what extent and how? Would you please describe?

Q10. What are the barriers to the effective use of SF for health-related investments in your country? (Tick all that apply)

Answer options:

Lack of ready legal instruments
Capacity deficiencies in organizational development
Delays in initiating operations
Poor procedures
Failure to generate the best projects
Don't know
Others

Q11. If you answered 'Others' to Q10 please describe the barriers the use of SF.

Stakeholders needs (Q12-16=5 questions)

Q12. What specific help is needed to improve understanding, confidence and expertise in preparing good Structural Funds applications in your country? (Tick all that apply)

Answer options:

Information about available financial and administrative aspects of the applications

Study visits to other countries
 Staff exchange between countries
 Joint training sessions/advise with experts
 National learning & development opportunities
 International learning & development opportunities e.g. master classes & learning sets
 Technical advice & support for your application
 Help writing the proposal
 Other

Q13. If you answered 'Other' to Q12 please describe the type of help do you need in SF applications.

Q14. What specific help is needed to improve understanding, confidence and expertise in managing SF projects in your country? (Tick all that apply)

Answer options:

Support/trainings about financial management
 Support/trainings about project management
 Being a partner in relevant other projects (for example FP7, Interreg) that help you develop ideas, knowledge and experiences for your project implementation
 Study visits to other countries
 Staff exchange between countries
 National learning & development opportunities
 International learning & development opportunities e.g. master classes & learning sets
 Other

Q15. If you answered 'Other' to Q14 please describe the type of help do you need in SF project management.

Q16. How national bureaucracy requirements could be reduced related to SF use at project level in your country? If you have a good example would you please tell us the story?

Available resources (Q17-21=5 questions)

Q17. What relevant national/international conferences, workshops, 'in service' training programmes you participated in to support your professional development in relation to the use SF? Would you please describe them?

Q18. What other national/international resources do you have access to in relation to the use of SF?

Answer options:

	List of resources	<i>Tick all that apply</i>
A	Publicity and information campaigns (advertise through various media) for engaging potential stakeholders in the implementation of Operational Programme	
B	Website information, Website-based guidance	

C	Information packs
D	Brochures, guidebooks
E	Public meetings, conferences
F	Targeted seminars
G	Establish stakeholder groups which try to bring together all interested parties within a particular sector
H	Developing standards forms, formats and check-lists to be used by programme authorities and project applicants
I	Project Advisory Groups for elaborating the contents of the project and guidance on technical and financial matters
J	Partnership working tools
K	Impact assessment guidebooks and tools
L	Publications as Guidebooks, journals
M	Media – Audio-visual tools
N	Other

Q19. If you answered 'Other' to Q18 please describe the type of national/international resources do you have access to in relation to the use of SF?

Q20. Are you willing to provide additional details for the above listed resources for EUREGIOIII to be included in a publicly available inventory of resources?

Answer options:

- Yes
- No

Q21. If you answered 'Yes' to Q20 please provide further details of the resources you have access to in health-related SF investment.

	<i>Name of the Brief resources</i>	<i>Brief description</i>	<i>Strength and weaknesses</i>	<i>Resources contact details (contact name and address, phone, email)</i>
A				
B				
C				

Towards intersectoral co-ordination and collaborative working (Q22-25=4 questions)

Q22. Are mechanisms/tools in place in your country in relation the intersectoral governance?

Definition: To use EU Structural Funds for investments in health and to close the health gaps across Europe makes it necessary to exchange perspectives and knowledge between professions and sectors, e.g. public health, economy, labor market, education etc. (horizontal cooperation/management). Due to the process of EU Structural Fund programme and project development, implementation and evaluation it is further necessary that there is a cooperation of actors on the European, national and regional level (vertical cooperation/management).

Answer options:

Yes

No

Don't know

Q23. If you answered 'Yes' to Q22 please describe the mechanism and provide details to the tools you use for intersectoral governance.

Q24. Are they already linked with EU SF policies?

Answer options:

Yes

No

Don't know

Q25. If you answered 'Yes' to Q24 please describe the link with EU SF policies for intersectoral governance.

Closing questions (Q26-27=2 questions)

Q26 If needed, would you be willing to provide further information in a follow-up email?

Answer options:

Yes

No

Q27 If you willing to provide further information in a follow-up email please give your email address below.

Thank you for taking part in this survey.

Margit Ohr, MPhil
Euregio III Work Package Leader
Health ClusterNet

ohr@healthclusternet.eu
www.euregio3.eu
www.healthclusternet.eu