



Report 2 for Executive Agency for Health & Consumer

Health Investments in Structural Funds 2000-2006, learning lessons to inform regions in the 2007-2013 period

Stakeholders, expertise and resources: Stakeholder Analysis and Capacity Building Audit, 2010

Margit OHR, MPhil, Euregio III, Work Package Leader



Report produced by:

Margit OHR, MPhil

Work Package Leader (WP6), EUREGIOIII

Health ClusterNET¹

2 Kutvolgyi ut, BUDAPEST, Hungary, 1125

margit@healthclusternet.eu

www.euregio3.eu

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¹ Health ClusterNET is an interregional organization of European regions for support, advise and exchange of expertise in using health sector investment to improve regional economic and social development

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Acronyms and Abbreviations used in this report

EIII	EUREGIO III
SF	Structural Fund
EU	European Union
MS	Member States
EU12	European Union 12 (New Member States)
EU15	European Union 15 (Old Member States)
CB	Capacity Building
CBF	Capacity Building Framework
CBA	Capacity Building Audit
NSRF	National Strategic Reference Framework
OP	Operational Programme
ROP	Regional Operational Programme
AP	Action Plan
HI	Health Investment
MH	Ministry of Health

Capacity Building Framework abbreviations

L	Leadership
OD	Organisational Development
P	Partnerships
RA	Resources Allocation
WD	Workforce Development

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Executive Summary

WP6 has delivered several outputs in 2010. We focused on identifying stakeholder's needs, priorities, issues affecting the use of Structural Funds health investments. Main findings of the 2010 process are presented in (i) Stakeholders, expertise and resources: stakeholder analysis and capacity building audit report, (ii) Stakeholder survey: interim findings and (iii) Key messages: interim findings and need for capacity building briefing paper.

The 2004 enlargement highlighted a *striking variation in health* levels across the European Union (EU). Clearly, all Europeans deserve the highest achievable standard of healthcare, and so this inequality is most likely the greatest health challenge facing the EU today. Based on the Lisbon agenda for Growth and Employment, and the growing evidence of the contribution that healthcare makes to wider economic growth, the EU now has the political and economic rationale to take the lead in promoting practical measures, which will in parallel close these gaps in the long term. To that rationale can be added opportunity. At the present time, both NMS (New Member State-EU12) governments and the EU Institutions can achieve progress in healthcare by turning the commitment to *make EU regional and structural funds more widely available for investment projects in healthcare into a reality.*

At the member state level, greater consideration must be given to the evaluation and “pay-off” of competing demands for investment, while increased pro-active support for proposals from the healthcare sector is essential. On the part of the European Commission, greater effort is required to *ensure that practical support is readily available to assist funding applications from national and regional health authorities.* In the recent phase of Structural Funding (2007–2013) is crucial that regional, national and European policy makers understand the following (EFPIA, 2006).

EU Structural Funds are primarily aimed at promoting and facilitating social cohesion across EU states, through reducing regional variations in current and future economic potential; which in turn may contribute to disparity in social and health equality. Funds are therefore targeted primarily at investments that lead to growth in social and human capital, as a driver of economic growth, and as a way of helping reduce (health) inequality.

Since 2007/13, ‘Health’ – through the agency of DG Sanco – has received specific ring-fenced funds as part of this process in recognition of the ‘health is wealth’ principles embedded in EU policy frameworks. However, targeting funds in this way also recognized that *social trends across Europe illustrate a widening of the health-gap (inequality) within and between countries.* Furthermore it is acknowledged that one of the major fault-lines between the 15 and the ‘new’ 12 is the poor condition of health infrastructure. This is in part a legacy of

the former Semashko healthcare system (reliant on a hospital-centric care model and centralist planning regimes) compounded by decades of underinvestment across almost all 'new' member states.

As part of the process of helping countries and regions access SF and invest effectively in investments for health and modernisation of facilities and services, Euregio III was established to answer many challenges.

This second thematic report together with the findings of the stakeholder online survey presents the progress made during 2010 regarding stakeholder's needs and priorities across the EU.

The key messages presented in this report come from valuable discussion, debate and feedback from Core Group members of the EUREGIO III project and other partners like the Reference group, various stakeholder meetings and the 1st workshop in Krakow.

Key messages

1. Greater investment to improve both the health status of the population as a whole, and outcomes for individual patients can make a major contribution to future economic competitiveness of EU NMS (EU12) in the global market.
2. There is a recognition to the need how to harmonise 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.
3. There is an understanding of the complex policy challenges facing government in EU countries. However policy design and critically, implementation is still pursued through sectors and sectoral interest groups rather than developing more flexible, intersectoral means of identifying, designing and delivering action in EU12.
4. Structural Funds must not be seen as an add-on investment, but integrated within a regional Master Plan (Brandenburg, 2000-2006).
5. There is no understanding and tools to assess return on investment and especially how to show added value like health gains through economic, social and environmental impacts. Therefore there is the need for Health Impact Assessment & Integrated Impact Assessment about the use of Structural Funds.
6. Resource 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.
7. National governments should give higher priority to regional healthcare improvement proposals, which encourage higher investment and structural reforms in both funding and delivery systems.
8. There are examples in Europe (like the Basque country and other regions) that demonstrate to the European Committees that health contributes to the regional economy, therefore this can help to get more money for this area.
9. The European Commission should define the indicators system for project evaluation (robust EU structure) before allocating SF. But can this be done in ways that are comparable without being inflexible and therefore not truly showing real outcomes?
10. Europeans are concerned about health and need to be confident that the choices made on their behalf are justified by evidence. More collaborative and supporting approach needed to develop evidence based projects.
11. There is a need for effective knowledge transfer between projects (through moderated internet platform).
12. Two barriers have been raised the most with regard to the effective use of SF for health-related investment: capacity deficiencies in organizational development and delays in initiating operations.
13. The EU Commission should provide guidance, coordination and expertise to healthcare leaders at regional level responsible for preparing and administering projects using EU funds and development of a possible cooperation mechanism.

1. BACKGROUND TO THE REPORT

- 1.1 EUREGIO III project is funded by the EU under the 2008-2013 Health Programme and it represents a partnership between Health ClusterNet and several Associate Partners. EIII supports the innovative approach of using Structural Funds for health. The general objective of the project is to identify & share good practice and lessons learned for the effective use of SF for health and help reduce health inequalities among EU regions. It is a key resource to help Member States; regional authorities; local authorities and actors to develop, apply & implement SF project for health gain. EIII builds access to the practical know-how knowledge that regions have identified as a priority development for 2007-2013 periods.
- 1.2 Work Package 6 (WP6) has the following objective for 2010: in assessing potential synergies between existing networks & key stakeholders a stakeholder analysis fits into the early stages of planning for the conduct of WP5, 8-9 and development of a possible cooperation mechanism. This technique is used to identify & assess the importance of key people, groups of people, or institutions that may significantly influence the success of this project and any possible cooperation mechanism. This stage of WP6 a stakeholder analyses was conducted with two groups of stakeholders (i) existing networks, partnerships and other relevant collaborative working across Europe (ii) potential SF beneficiaries, (R)OP managing authorities & monitoring committees in Convergence & Competitiveness and Employment regions. The work at European level was conducted online. At regional level it was conducted through face-to-face visits during events organised by Euregio III.

Table 1. Stakeholder analysis matrix

<i>Stakeholder</i>	<i>Stakeholder interest(s) in the project</i>	<i>Assessment of potential Impacts</i>	<i>Potential strategies for obtaining support or reducing obstacles</i>

At both levels the aim is to complete a stakeholder matrix that focuses on the need for guidance in effectively using SFs to maximise health gain (Watson J (2009): EIII-Annex I).

- 1.3 The Stakeholder Analysis started with an engagement process for building strategic relationship with key stakeholders first in Hungary (January 2010), and continued at the Venice Stakeholder Event (25-26 February 2010 Venice, Italy). Together with the need of possible preparation for the capacity building audit of OP Managing Authorities, Programme Secretariats as well as other bodies executing the Programme including potential beneficiaries in order to share the same understanding of the very diverse stakeholders involvement in Health-related Structural Funds Investment. Auditing capacity started at the Krakow workshop with stakeholders from Belgium, Bulgaria, Slovakia, Malta and Poland.
- 1.4 At the early stage of the planning process there was the need to make decision about the research methodology, approach and on a number of issues, including who are the target groups/key stakeholders of the Stakeholder Analysis and capacity building audits.
- 1.5 As reported in the 1st Thematic Report: the involvement of very diverse stakeholders in the EUREGIO III project would depend on the stakeholder's own information and training needs. Stakeholders will define their own supports needs and the first results were found at the Venice Stakeholder Event. WP6 Leader further analysed the identified needs and priorities from Venice (see section 3) and continue to build on it during the lifetime of EIII.
- 1.6 We realised that the management of SF is a very complex system and it is very difficult to separate the different bodies' tasks and responsibilities, because they are complementary and interdependent to each other. This will set the environment for the Stakeholder Analysis and CB audit, which will have to take into account the

planning and implementation phase of SF system and the various domains of the capacity building model as well.

- 1.7 We found at the 1st year of EIII that the engagement of regional authorities in preparing and implementing (Regional) Operational Programmes as OP Managing Authorities and/or Monitoring Committees does not exist in all MS. There has also been no clear attention to holistic capacity building in most of the newer EU12. These have to be taken into account while conducting the Stakeholder Analysis and CB audit.
- 1.8 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.
- 1.9 WP6 was set up by EUREGIO III with the following remit for 2010:
- Collect the identified issues, questions of the Euregio III process regarding the use of Structural Funds (SF) for health-related investments;
 - Build strategic relationship with 'key stakeholders' for Stakeholder Analysis in Venice Stakeholder event and beyond with other stakeholders across Europe;
 - Produce a Capacity building audit tool and test it in Euregio III first workshop in Krakow;
 - Conduct the Capacity Building audit and first Stakeholder meetings before Online Survey;
 - Analyse the results of the stakeholders meetings and CB audit, which informed the content of the online survey;
 - Revise and finalise the stakeholder questionnaire for Online survey;
 - The online survey is done as part of the EUREGIO III (EIII) project that is tasked with learning lessons from health-related investments in the 2000-2006 and 2007-2013 SF periods. The new knowledge gained is intended to (a) provide practical information to organizations applying to use SF, those already running SF projects and the Managing Authorities responsible for SF Operational programmes (b) inform the mid-term review of the current SF period (c) inform planning for the 2014-2020 SF period;
 - OBJECTIVES of the survey are: (i) to assess stakeholders needs and priorities in using SF, (ii) to determine current capacity in EU Member States and their regions in Europe to use SF for health-related investments (iii) to identify the strengths and weaknesses of current

support and advice available to SF beneficiaries;

- Analyse the results of the stakeholders meetings (Budapest, Venice) and CB audit (Krakow), which informed the content of the online survey;
- Produce the final List of Questions for *Identifying stakeholders needs, priorities, issues* affecting the use of Structural Funds health investments and production of the Online Survey;
- Pilot and conduct the Stakeholder Online Survey;
- Analyse the results of the above process and online survey and produce the 2nd thematic & survey report;
- Produce a summary of key messages of the WP6 process in 2010 and consultation with core group members and external experts.

2. WHAT IS THE STAKEHOLDER ANALYSIS?

- 2.1 This information is a necessary step to develop strategies to help these stakeholders to facilitate the implementation of specific decisions or organizational objectives within the context of existing policy. The stakeholder approach may result in higher public health care performance if the stakeholders of a health care organization appraise the value of health care collectively and all stakeholders have the best available evidence on which to make decisions about health care and services. However, it cannot be ignored that stakeholders in the area of health policy have cooperative and competitive interests and that policy development is a complex process taking place in a continuously changing context. Therefore, the utility of stakeholder analysis for predicting future policy developments is limited.

Interaction and Conflicts

- 2.2 Analyzing the different stakeholder interests in quality of care may serve as an example to demonstrate that the interaction between stakeholders in a health system leads inevitably to conflicts. Providers tend to view quality in a technical sense meaning accuracy of diagnosis, appropriateness of therapy and the resulting health outcome. Payers focus on cost-effectiveness and patients, as the beneficiaries demand compassion, skill and clear communication.
- 2.3 This leads to the following two types of conflicts:
- Conflict of interest between providers and payers of health care:
 - In order to provide the best service, providers tend to use the most accurate and newest tests and treatments, which are also likely the most expensive.
 - Payers prefer a clear, evidence based, diagnostic plan, which will provide accurate diagnosis and treatment with the fewest visits and least number of tests.
 - Conflict of interest between patients and payers of health care:
 - Patients expect the payers (insurance companies, employers and the government) to offer a wide variety of options for health coverage that can be customized to their specific needs. They look to the employer to fund the majority of the cost of health insurance with the least out-of-pocket cost to them.
 - Payers want to maintain or lower their cost contribution. They want the patient to seek only needed care, follow providers' instructions, and recover quickly. Patients should also seek to reduce their health risk behaviours through, for example, diet, exercise and smoking cessation (Wilhelm Kirch, Encyclopaedia of Public Health, 2008 p.1332-1333).

3. USING THE CAPACITY BUILDING APPROACH FOR STAKEHOLDER ANALYSIS

- 3.1 The purpose of the stakeholder analyses is to identify the stakeholders' needs and priorities according to the capacity building model agreed by the core group of EIII. In year 2 the first stakeholder meeting was organised in Hungary where capacity building audit was conducted and online survey was planned about the priorities and needs of stakeholders. The first meeting was organised with a small group of Hungarian stakeholders before the project stakeholder event in Venice.
- 3.2 The aim was to complete a stakeholder matrix that focuses on the need of stakeholders who will affect or be affected by health-related Structural Funds investments like the one below (see table 2):
- 3.3 On the 12th of January 2010 a stakeholder meeting has been organized between several Hungarian stakeholders and Euregio III Work Package Leader. The meeting has been organized in Budapest. Altogether 8 participants were present for the event representing different organizations, and National policy level bodies.

Table 2. Stakeholders meeting (January 12, 2010, Budapest) and discussions about the possible use of the SF for health investments (views of the stakeholders)

	<i>Stakeholders who will affect or be affected by SF health investments</i>	<i>Stakeholder interest(s) in the project</i>	<i>Assessment of potential Impacts</i>	<i>Potential strategies for obtaining support or reducing obstacles</i>
1	Margit Ohr, Health ClusterNet, Work Package Leader (WP6), Euregio3	Assess support needs and priorities of stakeholders	Identify good recommendations for the effective use of SF for health investments for the EC and/or potential applicants in the EU	Support capacity building to the use of SF. Learning about the needs for capacity building. Make knowledge and information sharing available (for example participation at the Venice Stakeholders event and Krakow workshop)
2	Sandor Szabo, Hungarian Chamber of Pharmacists, Honorary President	He suggested investment ideas for health investments (electronic health insurance cards, developments of the informatics in health systems, health tourism, structural reorganization of the Hungarian Health Systems) – health professionals		Reducing barriers to the use of SF
3	Imre Czinege, Member of the Health Committee of the Hungarian Parliament	He suggested investment ideas for health investments (improving specialized health care services)		
4	Julianna Matrai, Hungarian Radio, Head of Department of International Relations and Tender Department	Organizational changes of the National Development Agency and other bodies executing the programme – possible applicants		

5	Antal Ling, Gress-ing, Teruleffelesztesi Mernokiroda Kft., Advisor	Assess opportunities for applying SF for health investments
6	Mudri Attila, Gress-ing, Head of the Tender Department	Assess opportunities for applying SF for health investments
7	Laszlo Kornya, Szent Istvan Hospital, Budapest and politician	Assess potential additional SF sources for health-related investments in Hungary
8	Karoly Halasz, Health Investor	Organizer of the meeting

- 3.4 The summary framework that is used in this report is the Capacity Building Framework (CBF). The framework was originally developed in New South Wales, Australia. The approach has been rigorously tested and validated over several years. Its adoption has led to considerable strengthening of health improvement delivery in New South Wales. More recently, it has been used in EIII project in Europe to build up the first Inventory of stakeholders and expertise.
- 3.5 Capacity building in health development is conceptualised and organised in many ways. It has often been described as the invisible work that is essential in building health infrastructure, maintaining and sustaining programmes 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. Capacity building is the necessary “process” work of health improvement. In thinking about capacity building we can gain insight into what is working and why. Defining the capacity building effort enables day-to-day and strategic activity to be made operational and measurable.
- 3.6 For Stakeholder Analysis capacity building is essential in identifying priorities and needs according to the various domain of CPF. Capacity building is an approach to development with the goal of producing effective implementation and achievement of outcomes in health investments. Using a capacity building approach creates a ‘big picture’ for EUREGIO III within which attention to the necessary detail of functions and priorities can be analysed and reported more coherently (see Diagram 1).

Links between Capacity Building and stakeholders priorities, issues affecting the use of health-related Structural Funds investments

- 3.7 After the Venice Stakeholder event we found the following key issues, questions, priorities and needs affecting use of SF for health-related investments according to the various domains of Capacity Building Framework and the planning and/or implementation phase of project management. These items/questions listed and presented in tables according to the capacity building domains of the CBF. When one item belongs to both the planning and implementation phase of health-related SF investments then it is highlighted in red.
- 3.8 Leadership: (i) There is a need for the harmonisation of policies (national policy should provide a framework allowing flexible application based on regional starting points/resources etc). (ii) One of the challenges is to overcome political and competitive tensions. (iii) How can we use SF the most efficient way? How can we manage expectations? Who decides about the final portfolio? How and based on what criteria?

(iv) Do policy makers currently consider the health impacts of health investments and non-health sector policy (health in all policies)? (v) What capacity exists within the EU12 to use structural funds and appraising the potential and actual impact of investments policy/programmes? (vi) What action could be taken to improve understanding, confidence and expertise in using structural funds in order to produce health gain? (vii) There is a need for more realistic evidence based correlation between ESF and ERDF aims and objectives in regional policies and projects e.g. employment.

Table 3. Challenges for leadership in Structural Fund health-related investments in planning and implementation phase of project management

Key leadership issues	
Planning phase	Implementation
(i)	(i)
(ii)	
(iii)	
(iv)	
(v)	
(vi)	
(vii)	

3.9 Organizational development: (i) How can we balance between primary and hospital care? (ii) Representatives from Hungary, Slovakia and Romania at the 1st Master Class in Budapest mentioned that in many public administrations in EU12 suffer from low wage levels, high rates of staff turnover especially in Managing Authorities of Structural Funds programmes. The effects can be widespread, leading to a lack of ready legal instruments, capacity deficiencies in organizational development and delays in initiating operations, poor procedures and a failure to generate the best projects especially in the health sector. This reflects well on the main findings of the Stakeholder survey conducted at the 1st semester. Therefore capacity building efforts regarding organisational development are essential to overcome these challenges.

Table 4. Challenges for organizational development in Structural Fund health-related investments in planning and implementation phase of project management

Key organizational development issues	
Planning phase	Implementation
(i)	
(ii)	

3.10 Resource allocation: The resource allocation domain includes knowledge, skills, information and financial elements. 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 programme, projects and services (See Diagram1 above) and get the most effective use of the SF available in 2007-2013 period in EU12.

3.11 Financial: (i) Which basis (competition/cohesion/GDP/quality indicators) to decide allocation of resources between regions? (ii) Will investment plans be sustainable or will they increase debts? (iii) How can we increase efficient/effective absorption of SFs (sometimes programmes seem to be based on spending and not strategic planning, because of danger of losing money)? How to pre-assess absorption capacity (what are the indicators)? (iv) The Basque country and other regions demonstrate to the EC that health contributes to the regional economy, therefore this can help to get more money for this area.

3.12 Knowledge, skills and competency: (v) Regarding knowledge one of the basic question is how to know what we need to know (pre-requisites before applying, systems and processes, consultancy)? (vi) A checklist of documents showing what we have to do could guide our actions. (vii) There is a need to strengthen evidence between health & impact on economic development. (viii) Regions have to develop own capacities to bring health, economy and social development together (methods to measure impacts). (ix) Lack of knowledge on EU procurement. (x) Many projects out of dates before they start. Little evidence of projection and forecasting. No models and good practice on which to base future work. (xi) Cross-border projects – shared learning around common problems/opportunities. (xii) There is no understanding and tools to assess return on investment and especially how to show added value like health gains through economic, social and environmental impacts. (xiii) How do we know if something labelled good practice is good practise? Are there comparators/benchmarks? Is good practice in process, project or final assessment? (xiv) Many investments will need to show demonstrable impact over the longer term. Yet focus is on using inappropriate short-term

measures e.g. process not effect (some outputs are captured but there are questionable outcomes measures).

- 3.13 Information: (xv) EC should define the indicators system for project evaluation (robust EU structure) before allocating SF. But can this be done in ways that are comparable without being inflexible and therefore not truly showing real outcomes? (xvi) Difference of data systems across Europe (lack of coherence between databases) and organisation of health systems. Therefore how to provide evidence for a successful project.

Table 5. Challenges for resources allocation in Structural Fund health-related investments in planning and implementation phase of project management

Key resources allocation issues	
Planning phase	Implementation
Financial	
(i)	
(ii)	
(iii)	
(iv)	
Knowledge, skills and competency	
(v)	(vii)
(vi)	(viii)
(xi)	(ix)
	(x)
	(xi)
	(xii)
	(xiii)
	(xiv)
Information	
(xv)	(xvi)
(xvi)	

- 3.14 Workforce development: In some cases training needs as a priority in relation to (i) how to carry out and make easier a planned capital investment project, (ii) how a hospital can apply for SF and (iii) how to get the most out from SF projects from an organizational point of view.

Table 6. Challenges for workforce development in Structural Fund health-related investments in planning and implementation phase of project management

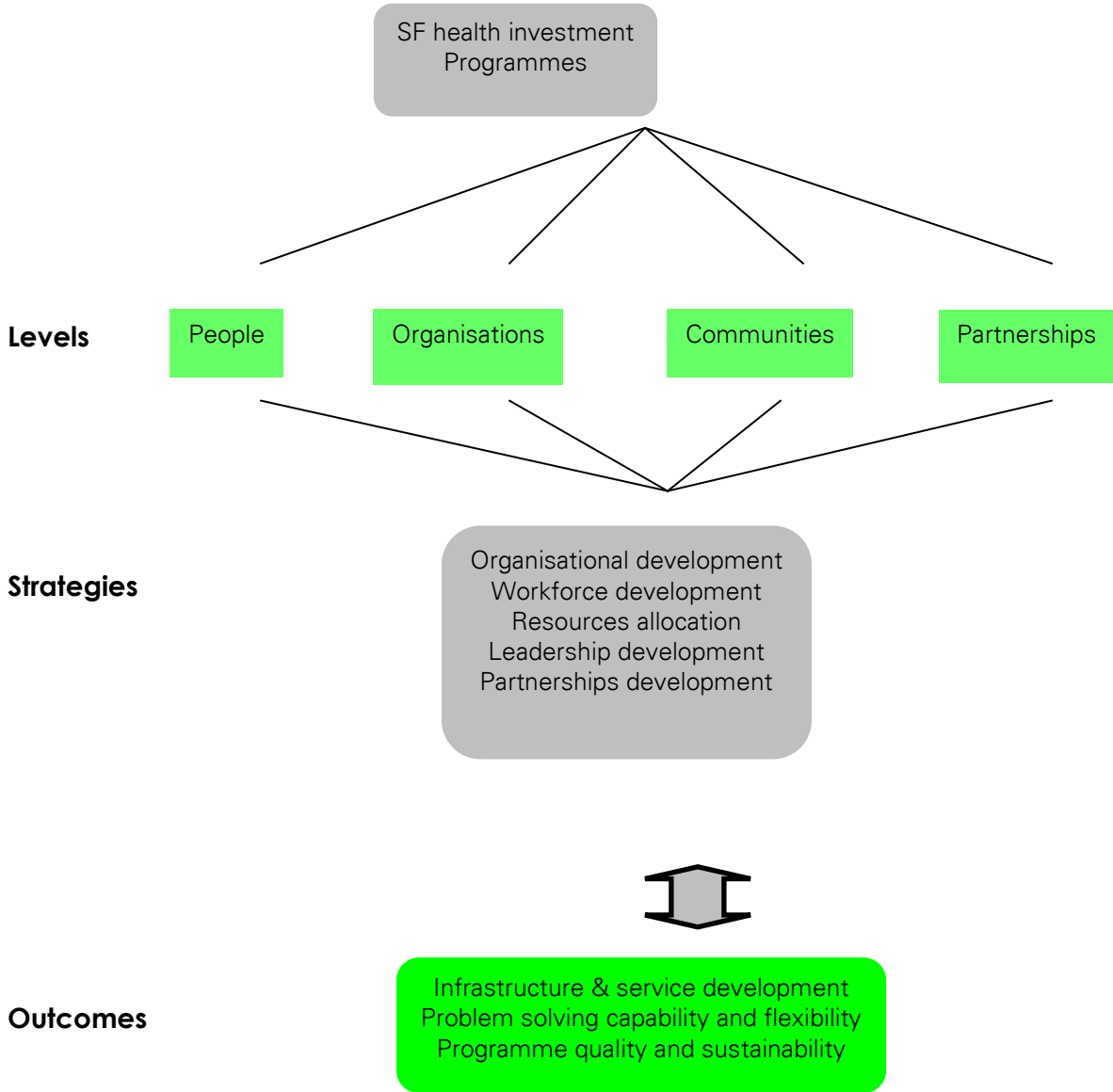
Key workforce development issues	
Planning phase	Implementation
(ii)	(i) (iii)

3.15 Partnership working: (i) The European Union Structural Funds policies also stress that “partnerships”, networking and cooperation have become very important. This includes also actors of the civil society like unions, employers’ organizations, social movements, environmental organizations etc. During the Stakeholder Analysis we should clarify if and how partnerships are involved in Member States and regions.

Table 7. Challenges for partnership working in Structural Fund health-related investments in planning and implementation phase of project management

Key partnership working issues	
Planning phase	Implementation
(i)	(i)

Diagram 1: A capacity building framework for health-related Structural Fund investments



4. AUDITING CAPACITY OF THE USE OF HEALTH-RELATED STRUCTURAL FUNDS INVESTMENTS IN EUROPE

4.1 The activity replies to the 1st EUREGIOIII workshop in Krakow on Optimising Health through application of EU Structural Funds. It aims to carry out a holistic review of the capacity of the participating EU Member States to develop and implement health investment projects funded by SF; to identify gaps, needs and common issues; and to make concrete suggestions for action where EU support, including programmes and instruments in other policy areas could provide assistance and added value to strengthen health investments capacities in achieving health gains.

4.2 To address these issues, WP6 used the Capacity Building Framework (CBF). The areas covered included (i) leadership (at national, local and where relevant, regional level); (ii) existing organizational capacities for health-related SF investments across a range of policy areas, management structures, support and commitment, recognition and reward system, information systems, monitoring and evaluation, quality improvement systems including informal organizational culture; (iii) resource allocation regarding human resources, tools, models, best practice, finances, information, data & evidence, existing knowledge, skills, physical resources and time; (iv) training and (v) partnership working. According to the various elements of the framework WP6 leader collected examples of issues/questions stakeholders identified as priorities and needs during the EIII process.

4.3 Two exercises were conducted with the workshop participants in order to collect data regarding capacity building required for efficient health-related structural funds investments. The workshop participants have been asked to identify issues, priorities they think relevant regarding capacity to apply and implement health-related structural funds investments and they had to categorize these issues according to the Capacity Building Framework. After that they were asked to score examples presented by Euregio III regarding the 5 domains of the CBF.

4.4 The collected data was categorized and quantified on relevant dimensions of health investments capacity as defined by the CBF, resulting in a comprehensive mapping of the existing capacities in the participated EU Member States in Krakow. The results of the mapping together with the findings of the Venice stakeholder events were the basis for further analysis, aimed at identifying the main strengths and weaknesses for SF health-



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related investments in the EU. Using suggestions and recommendations will be made for further action at national and EU level to strengthen health investments capacity.

4.5 The findings of the capacity building audit are given below. First the examples were presented by the workshop participants regarding capacity building in relation to health-related SF investments then examples given by Euregio III project were scored according to their importance (1= least useful 2= not useful 3= neutral 4= useful 5= very useful).



4.6 Leadership

Box 1. Examples presented by the workshop participants regarding Leadership:

Visioning the future	Systems and strategic thinking	Creative collaboration	Communications skills
3 examples: Poland (1), Malta (2)	2 examples: Poland (1), Belgium (1)	0	0

- 4.6.1 Visioning the future: (i) Many hospitals are located in old buildings, which are not really suitable hospitals. Doesn't matter how many adaptations are going to be made. In this case these hospitals should be closed (Poland); (ii) Annual capacity building exercise as part of the national public service CB (Malta); (iii) Unit to identify opportunities for health programs. Malta can benefit from SF strategic thinking.
- 4.6.2 Systems and strategic thinking: (i) Krakow University hospital is located in very old buildings from the XVIIth and XVIIIth century. It is only one option to destroy it and build modern hospital, which is environmental friendly and cost saving. (Poland); (ii) Limit the bureaucracy in the institutions' departments responsible for implementing EU SF (Belgium).

determinants at strategic level	4	4	5	4	4	4	5	5	4	5	43
1.3.3 Conditions to deliver change	4	4	3	5	3	5	4	4	?	5	38
1.3.4 Importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain	2	4	4	-	4	3	4	4	5	5	<u>35</u>
1.4 Communications skills	5	4	4	4	3	4	5	3	5	4	41
1.4.1 Actions that motivate and inspire others	5	4	4	4	3	4	5	3	5	4	41

4.6.3 Regarding leadership domain the importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain was scored the least important according to the workshop participants in Krakow.

4.7 Organisational development

Box 2. Examples presented by the workshop participants regarding Organisational development:

Policy/strategic plans	Management structures	Management support and commitment	Recognition and reward systems	Information systems, monitoring and evaluation	Quality improvement systems	Informal organisational culture
1 example: Belgium	3 examples: Poland, UK, Italy	1 example: Malta	0	1 example: UK	2 examples: Belgium (2)	0

- 4.7.1 Policy/strategic plans: (i) EU trend, policy and practice (Brussels).
- 4.7.2 Management structures: (i) Enforce communication between everyone involved in structural funds agencies, local authorities, health authorities (UK); (ii) Establishing a dedicated office that deals with fund raising and project management (Italy) and (iii) Reducing number of institutions involved in the process implementation of operational programmes (Poland).
- 4.7.3 Management support and commitment: (i) Foundation for medical services (project management, agency for health) training needs analysis project management, funds management, clinical + health planning (Malta).
- 4.7.4 Information systems, monitoring and evaluation: (i) Better systems for evaluating proposals and projects (UK).
- 4.7.5 Quality improvement systems: (i) Process and procedures (Belgium) and (ii) Writing applications (Belgium).

2.4 Recognition and reward systems	2.4.1 Acknowledge achievements through formal systems for those helping to maximise the contribution of health sector investments to regional development	3	3	3	3	3	4	5	4	4	3	4	4	36
2.5 Information systems, monitoring and evaluation	2.5.1 Do Management Authorities and Monitoring Committees have the understanding and capacity to assess health gain for non-health sector led projects?	3	3	4	4	4	5	5	5	2	5	4	4	40
2.6 Quality improvement systems	2.6.1 Use of good practice tools and evidence for health gain work	3	5	3	4	4	5	4	5	3	4	4	5	41
2.7 Informal organisational culture	2.7.1 Seeking to encourage attitudes that support organisational and individual innovation	5	4	5	3	3	5	4	5	4	3	5	5	43

4.7.6 (i) What regions have to improve in their regions and (ii) the need for option appraisal to clearly inform investment planning and decisions by public authorities was the least prioritised issues regarding organisational strategic plans.

4.8 Resources Allocation

Box 3. Examples presented by the workshop participants regarding Resources Allocation:

Human resources	Tools/models/best practice	Finances	Information, data and evidence	Specialist advice & expertise (knowledge, skills)	Physical resources	Time
6 examples: Malta (4), Italy, Bulgaria	1 example: Malta	1 example: Malta	1 example: UK	1 example: Malta	0	0

- 4.8.1 Human resources: (i) Multidisciplinary team to implement and monitor programmes (Malta); (ii) Recruiting qualified staff to deal with proposal writing + project management (Italy); (iii) Facilities management CB across all health department, agencies and hospitals (For example need for more engineers, supervising technicians, Malta); (iv) Specific training on EU Structural Funds (Bulgaria); (v) Investment in CB for nursing (Malta); (vi) HR development (Malta).
- 4.8.2 Tools/models/best practice: (i) CB in to day-to-day operations on the main hospital (Malta).
- 4.8.3 Finances: (i) Annual CB across the whole of the Health Department and Hospital (Malta).
- 4.8.4 Information, data and evidence: (i) Health needs assessment taking into account epidemiological and demographic data (UK).
- 4.8.5 Specialist advice & expertise (knowledge, skills): (i) Clinical expertise and the foundation for medical services to complement existing technical expertise (Malta).

3.6	Physical resources		4	4	4	3	4	4	5	5	5	4	-	5	?	<u>34</u>
	3.6.1 What factors help or hinder the project implementation?		4	4	4	3	4	4	5	5	5	4	-	5	?	<u>34</u>
3.7	Time		3	4	4	4	4	4	4	5	5	5	Shorten the time of certain stages in implementation procedure	5	?	<u>34</u>
	3.7.1 How to develop a proposal in time? (Problems with bureaucracy)		3	4	4	4	4	4	4	5	5	5	Shorten the time of certain stages in implementation procedure	5	?	<u>34</u>

4.8.6 Regarding resource allocation many items were scored as least important in Krakow: (i) experience to use best practices for learning; (ii) how to get information to the level that matters in relation to SF funded health investments; (iii) opportunities and barriers for getting information; (iv) assert professional knowledge in Structural Funds projects; (v) factors helping or hinder the project implementation and (vi) to develop a proposal in time.

4.8.7 *At the same time the effectiveness of financial project management and the absorption capacity of the health sector at national and regional levels to use SF were scored very important issues at the Krakow workshop.*

4.9 Workforce development

Box 4. Examples presented by the workshop participants regarding workforce development:

On the job learning	Course development	Professional development	Professional support and supervision	Performance management systems
2 examples: Malta	3 examples: Malta, Bulgaria, UK	3 examples: UK, HU, Poland	0	0

- 4.9.1 On the job learning: (i) Training of key personnel regarding EU SF process and emerging policy issues relating to health (Malta) and (ii) Radiotherapy department CB exercise as part of the Oncology project objective (Malta).
- 4.9.2 Course development: (i) Understanding SF process and funds available (Malta); (ii) Workshop national & EU wide (Bulgaria) and (iii) Training for applications, managing evaluation (UK).
- 4.9.3 Professional development: (i) Training of staff related to SF in Health, organisation of services (UK); (ii) Training on good practice among those using SF or training on administrative issues related to SF applications (Hungary) and (iii) Ensure that employees responsible for implementing EU SF get proper training and earn enough to stay in public sector (Poland).

Table 11. Examples presented by Euregio III scored between 1-5 by the workshop participants regarding workforce development (training)

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

Element	Examples	Malta	Malta	Malta	Malta	Slovak	Slovak	Poland	Poland	Bulgaria	Belgium	TOTAL
4.1 On the job learning	4.1.1 Are you ready to use SF in the period 2007 - 2013?	5	5	5	4	5	5	4	5	5	5	<u>48</u>
	4.1.2 Do you know how to use SF for health?	4	4	3	4	5	5	4	4	5	5	43
	4.1.3 Do you know how to collect ideas, experiences, good examples?	5	4	4	4	5	5	4	4	5	5	<u>45</u>
4.2 development	4.2.1 Incorporation of relevant competency based standards into courses	4	4	5	5	4	4	4	4	5	?	40

4.3 Professional development	4.3.1 Dissemination of information about, and support graduate and postgraduate opportunities and continuing studies relevant to developing and maintaining sustainable regional health systems	4	5	4	5	4	4	4	3	4	4	40
4.4 Professional support & supervision	4.4.1 Conferences, workshops, 'in service' programmes	4	5	5	5	3	4	4	4	4	4	43
4.5 Performance management systems	4.5.1 Formal supervision or support arrangements for relevant work	4	5	4	5	4	4	4	4	5	4	44



4.9.4 *Regarding training the readiness to use SF in the period 2007-2013 and knowing to collect ideas, experiences, and good examples were scored very important.*

4.10 Partnership working

Box 5. Examples presented by the workshop participants regarding partnership working:

Level of partnership	Type of partnership	Partnership development
1 example: HU	1 example: UK	3 examples: Bulgaria, UK (2)

- 4.10.1 Level of partnership: (i) Framework for consultation between national policy level and end users (needs, priorities) (Hungary).
- 4.10.2 Type of partnership: (i) Mix of disciplines: economics, public health, medical (UK).
- 4.10.3 Partnership development: (i) Involvement of Health Sector in the Strategy Development at start of each programme (UK); (ii) Experience exchange between institutions including within the EU, study visits (Bulgaria) and (iii) Better relationship between public health planners and principle and those who make SF applications (UK).

Table 12. Examples presented by Euregio III scored between 1-5 by the workshop participants regarding partnership working

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

Element	Examples	Malta	Malta	Malta	Malta	Slovak	Poland	Poland	Bulgaria	Belgium	TOTAL
5.1 Level of partnership	5.1.1 Identifying appropriate partners /services that have programme goals, objectives, resources and people necessary to implement initiatives and have the need to work together and create opportunities to identify shared and similar goals	4	4	5	5	4	4	4	5	5	45
5.2 Type of partnership	5.2.1 Partnership designed for purpose – such as professional and community networks, groups or an interest, knowledge expert, interagency, professional/peer and project based	3	4	3	5	5	4	3	5	5	42

5.3	Partnership development	4	4	4	5	4	4	5	5	3	5	5	43
	5.3.1 Identifying the resources required to develop, negotiate, implement, evaluate and sustain the planned action, involving all partner organizations in planning to ensure the programme remains relevant to all partners	4	4	4	5	4	4	5	5	3	5	5	43



4.10.4 Identifying appropriate partners/services that have programme goals, objectives, resources and people necessary to implement initiatives and have the *need to work together and create opportunities to identify shared and similar goals* received the highest scores by the participants in Krakow.

5 REFERENCES

Watson J (2009): EUREGIOIII – Annex I Description of the Action

Wilhelm Kirch (2008), *Encyclopaedia of Public Health*, Springer Science Business Media, LLC

ANNEXES

Each Annex is attached to this Report available and can already be downloaded. Please look for www.euregio3.eu to view the Report and All Annexes:

Annex A: Exercise sheet about the examples regarding the use of SF for health-related investments

Euregio III Workshop 1 – Krakow, POLAND April 26th – 30th 2010

Optimising Health through application of EU Structural Funds

Exercise sheet about the examples regarding the use of SF for health-related investments

HEALTH INVESTMENTS
IN STRUCTURAL FUNDS 2000-2006: LEARNING LESSONS TO INFORM REGIONS IN THE 2007-2013 PERIOD

HealthclusterNet

EUREGIO III:

Session Leader: **Margit Ohr, MPhil**, Health ClusterNet Euregio III Work Package Leader

Others to involve in the exercise to complete the capacity building audit: EuregioIII 1st workshop participants

Date: 29 April 2010

Personal/organizational information

List of participants in the group (please indicate your name, organization, position, country, e-mail address):

	Name	Organization	Position	Country	E-mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

E-mail address:

If you would like to be involved at any level in the project, it is important that you provide us with a valid e-mail address for future contact

Capacity Building Domains

1. Leadership

To what extent is your organisation demonstrating effective leadership to maximise the contribution of SF health investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
1.1 Visioning the future	1.1.1 SF funded Programmes and projects are in place (decisions made, contract signed and implementation started)	
1.2 Systems and strategic thinking	1.2.1 Development of planning skills across the organisation 1.2.2 Effective contribution by the regional health system to strategic and intersectoral planning processes	
1.3 Creative collaboration	1.3.1 Opportunities and challenges to bring public health issues into using SF programmes, projects 1.3.2 Influence health determinants at strategic level 1.3.3 Conditions to deliver change 1.3.4 Importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain	
1.4 Communications skills	1.4.1 Actions that motivate and inspire others	

2. Organisational development

To what extent is the organisation developing and implementing effective organisational development strategies to help maximise the contribution of health sector investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
2.1 Policy and/or strategic plans	2.1.1 What do you need to improve in your region? 2.1.2 Have public authorities invested in option appraisal to clearly inform investment planning and decisions?	
2.2 Management structures	2.2.1 What are the main difficulties in applying for funding and managing structural funds in the health sector?	
2.3 Management support and commitment	2.3.1 Mainstream line management position and accountabilities for achieving regional economic and social added value within the organisation	
2.4 Recognition and reward systems	2.4.1 Acknowledge achievements through formal systems for those helping to maximise the contribution of health sector investments to regional development	
2.5 Information systems, monitoring and evaluation	2.5.1 Do SF Management Authorities and Monitoring Committees have the understanding and capacity to assess health gain for non-health sector led projects?	
2.6 Quality improvement systems	2.6.1 Use of available good practice tools and evidence for health gain work	
2.7 Informal organisational culture	2.7.1 Seeking to encourage attitudes that support organisational and individual innovation	

3. Resource allocation

To what extent the organisation demonstrating effective and sustainable resources allocation to enable it to address the challenge of maximising the contribution of health sector investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
3.1 Human resources	3.1.1 Identify your support and information needs?	
3.2 Tools/models/best practice	3.2.1 Do you have experiences to use best practices for learning?	
3.3 Finances	3.3.1 What do you think of the effectiveness of financial project management? 3.3.2 What is the absorption capacity of the health sector at national and regional levels to use SF?	
3.4 Information, data & evidence	3.4.1 Do public authorities have enough data and evidence of the benefits of investments in health? 3.4.2 What can be done to satisfy your information needs? How the get information to the level that matters in relation SF funded health investments? 3.4.3 What are the opportunities and barriers to getting information?	
3.5 Specialist advise & expertise (knowledge, skills)	3.5.1 How to assert professional knowledge in Structural Funds project?	
3.6 Physical resources	3.6.1 What factors help or hinder the project implementation?	
3.7 Time	3.7.1 How to develop a proposal in time? (Problems with bureaucracy)	

4. Workforce development (training)

To what extent is the organisation effectively supporting approaches to workforce development that facilitate inclusive and attractive employment?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
4.1 On the job learning	4.1.1 Are you ready to use SF in the period 2007 - 2013? 4.1.2 Do you know how to use SF for health? 4.1.3 Do you know how to collect ideas, experiences, good examples?	
4.2 Course development	4.2.1 Incorporation of relevant competency based standards into courses	
4.3 Professional development	4.3.1 Dissemination of information about, and support graduate and postgraduate opportunities and continuing studies relevant to developing and maintaining sustainable regional health systems	
4.4 Professional support & supervision	4.4.1 Conferences, workshops, 'in service' programmes	
4.5 Performance management systems	4.5.1 Formal supervision or support arrangements for relevant work	

5. Partnership working

To what extent is the organisation supporting and engaged with a regional intersectoral partnership to maximise the contribution of health sector investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
5.1 Level of partnership	5.1.1 Identifying appropriate partners /services that have programme goals, objectives, resources and people necessary to implement initiatives and have the need to work together and create opportunities to identify shared and similar goals	
5.2 Type of partnership	5.2.1 Partnership designed for purpose – such as professional and community networks, groups or an interest, knowledge expert, interagency, professional/peer and project based	
5.3 Partnership development	5.3.1 Identifying the resources required to develop, negotiate, implement, evaluate and sustain the planned action, involving all partner organizations in planning to ensure the programme remains relevant to all partners	

21.04.2010

Margit Ohr M.Phil, Health ClusterNET
EUREGIO III Work Package Leader (WP6),

Semmelweis University
Health Services Management Training Centre (Word Bank Institute)
Kutvolgyi ut 2 , Budapest 1125 Hungary

Phone: + 36 70 215 4602
margit@healthclusternet.eu



Report 2 for Executive Agency for Health & Consumer

Health Investments in Structural Funds 2000-2006, learning lessons to inform regions in the 2007-2013 period

Stakeholders, expertise and resources: Stakeholder Analysis and Capacity Building Audit, 2010

Margit OHR, MPhil, Euregio III, Work Package Leader



Report produced by:

Margit OHR, MPhil

Work Package Leader (WP6), EUREGIOIII

Health ClusterNET¹

2 Kutvolgyi ut, BUDAPEST, Hungary, 1125

margit@healthclusternet.eu

www.euregio3.eu

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¹ Health ClusterNET is an interregional organization of European regions for support, advise and exchange of expertise in using health sector investment to improve regional economic and social development

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Annexes

Each Annex is attached to this Report available and can already be downloaded. Please look for www.euregio3.eu to view the Report and All Annexes:

Annex A: Exercise sheet about the examples regarding the use of SF for health-related investments

Annex B: Interim findings and capacity building audit

Acronyms and Abbreviations used in this report

EIII	EUREGIO III
SF	Structural Fund
EU	European Union
MS	Member States
EU12	European Union 12 (New Member States)
EU15	European Union 15 (Old Member States)
CB	Capacity Building
CBF	Capacity Building Framework
CBA	Capacity Building Audit
NSRF	National Strategic Reference Framework
OP	Operational Programme
ROP	Regional Operational Programme
AP	Action Plan
HI	Health Investment
MH	Ministry of Health

Capacity Building Framework abbreviations

L	Leadership
OD	Organisational Development
P	Partnerships
RA	Resources Allocation
WD	Workforce Development

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Executive Summary

WP6 has delivered several outputs in 2010. We focused on identifying stakeholder's needs, priorities, issues affecting the use of Structural Funds health investments. Main findings of the 2010 process are presented in (i) Stakeholders, expertise and resources: stakeholder analysis and capacity building audit report, (ii) Stakeholder survey: interim findings and (iii) Key messages: interim findings and need for capacity building briefing paper.

The 2004 enlargement highlighted a *striking variation in health* levels across the European Union (EU). Clearly, all Europeans deserve the highest achievable standard of healthcare, and so this inequality is most likely the greatest health challenge facing the EU today. Based on the Lisbon agenda for Growth and Employment, and the growing evidence of the contribution that healthcare makes to wider economic growth, the EU now has the political and economic rationale to take the lead in promoting practical measures, which will in parallel close these gaps in the long term. To that rationale can be added opportunity. At the present time, both NMS (New Member State-EU12) governments and the EU Institutions can achieve progress in healthcare by turning the commitment to *make EU regional and structural funds more widely available for investment projects in healthcare into a reality.*

At the member state level, greater consideration must be given to the evaluation and “pay-off” of competing demands for investment, while increased pro-active support for proposals from the healthcare sector is essential. On the part of the European Commission, greater effort is required to *ensure that practical support is readily available to assist funding applications from national and regional health authorities.* In the recent phase of Structural Funding (2007–2013) is crucial that regional, national and European policy makers understand the following (EFPIA, 2006).

EU Structural Funds are primarily aimed at promoting and facilitating social cohesion across EU states, through reducing regional variations in current and future economic potential; which in turn may contribute to disparity in social and health equality. Funds are therefore targeted primarily at investments that lead to growth in social and human capital, as a driver of economic growth, and as a way of helping reduce (health) inequality.

Since 2007/13, ‘Health’ – through the agency of DG Sanco – has received specific ring-fenced funds as part of this process in recognition of the ‘health is wealth’ principles embedded in EU policy frameworks. However, targeting funds in this way also recognized that *social trends across Europe illustrate a widening of the health-gap (inequality) within and between countries.* Furthermore it is acknowledged that one of the major fault-lines between the 15 and the ‘new’ 12 is the poor condition of health infrastructure. This is in part a legacy of

the former Semashko healthcare system (reliant on a hospital-centric care model and centralist planning regimes) compounded by decades of underinvestment across almost all 'new' member states.

As part of the process of helping countries and regions access SF and invest effectively in investments for health and modernisation of facilities and services, Euregio III was established to answer many challenges.

This second thematic report together with the findings of the stakeholder online survey presents the progress made during 2010 regarding stakeholder's needs and priorities across the EU.

The key messages presented in this report come from valuable discussion, debate and feedback from Core Group members of the EUREGIO III project and other partners like the Reference group, various stakeholder meetings and the 1st workshop in Krakow.

Key messages

1. Greater investment to improve both the health status of the population as a whole, and outcomes for individual patients can make a major contribution to future economic competitiveness of EU NMS (EU12) in the global market.
2. There is a recognition to the need how to harmonise 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.
3. There is an understanding of the complex policy challenges facing government in EU countries. However policy design and critically, implementation is still pursued through sectors and sectoral interest groups rather than developing more flexible, intersectoral means of identifying, designing and delivering action in EU12.
4. Structural Funds must not be seen as an add-on investment, but integrated within a regional Master Plan (Brandenburg, 2000-2006).
5. There is no understanding and tools to assess return on investment and especially how to show added value like health gains through economic, social and environmental impacts. Therefore there is the need for Health Impact Assessment & Integrated Impact Assessment about the use of Structural Funds.
6. Resource 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.
7. National governments should give higher priority to regional healthcare improvement proposals, which encourage higher investment and structural reforms in both funding and delivery systems.
8. There are examples in Europe (like the Basque country and other regions) that demonstrate to the European Committees that health contributes to the regional economy, therefore this can help to get more money for this area.
9. The European Commission should define the indicators system for project evaluation (robust EU structure) before allocating SF. But can this be done in ways that are comparable without being inflexible and therefore not truly showing real outcomes?
10. Europeans are concerned about health and need to be confident that the choices made on their behalf are justified by evidence. More collaborative and supporting approach needed to develop evidence based projects.
11. There is a need for effective knowledge transfer between projects (through moderated internet platform).
12. Two barriers have been raised the most with regard to the effective use of SF for health-related investment: capacity deficiencies in organizational development and delays in initiating operations.
13. The EU Commission should provide guidance, coordination and expertise to healthcare leaders at regional level responsible for preparing and administering projects using EU funds and development of a possible cooperation mechanism.

1. BACKGROUND TO THE REPORT

- 1.1 EUREGIO III project is funded by the EU under the 2008-2013 Health Programme and it represents a partnership between Health ClusterNet and several Associate Partners. EIII supports the innovative approach of using Structural Funds for health. The general objective of the project is to identify & share good practice and lessons learned for the effective use of SF for health and help reduce health inequalities among EU regions. It is a key resource to help Member States; regional authorities; local authorities and actors to develop, apply & implement SF project for health gain. EIII builds access to the practical know-how knowledge that regions have identified as a priority development for 2007-2013 periods.
- 1.2 Work Package 6 (WP6) has the following objective for 2010: in assessing potential synergies between existing networks & key stakeholders a stakeholder analysis fits into the early stages of planning for the conduct of WP5, 8-9 and development of a possible cooperation mechanism. This technique is used to identify & assess the importance of key people, groups of people, or institutions that may significantly influence the success of this project and any possible cooperation mechanism. This stage of WP6 a stakeholder analyses was conducted with two groups of stakeholders (i) existing networks, partnerships and other relevant collaborative working across Europe (ii) potential SF beneficiaries, (R)OP managing authorities & monitoring committees in Convergence & Competitiveness and Employment regions. The work at European level was conducted online. At regional level it was conducted through face-to-face visits during events organised by Euregio III.

Table 1. Stakeholder analysis matrix

<i>Stakeholder</i>	<i>Stakeholder interest(s) in the project</i>	<i>Assessment of potential Impacts</i>	<i>Potential strategies for obtaining support or reducing obstacles</i>

At both levels the aim is to complete a stakeholder matrix that focuses on the need for guidance in effectively using SFs to maximise health gain (Watson J (2009): EIII-Annex I).

- 1.3 The Stakeholder Analysis started with an engagement process for building strategic relationship with key stakeholders first in Hungary (January 2010), and continued at the Venice Stakeholder Event (25-26 February 2010 Venice, Italy). Together with the need of possible preparation for the capacity building audit of OP Managing Authorities, Programme Secretariats as well as other bodies executing the Programme including potential beneficiaries in order to share the same understanding of the very diverse stakeholders involvement in Health-related Structural Funds Investment. Auditing capacity started at the Krakow workshop with stakeholders from Belgium, Bulgaria, Slovakia, Malta and Poland.
- 1.4 At the early stage of the planning process there was the need to make decision about the research methodology, approach and on a number of issues, including who are the target groups/key stakeholders of the Stakeholder Analysis and capacity building audits.
- 1.5 As reported in the 1st Thematic Report: the involvement of very diverse stakeholders in the EUREGIO III project would depend on the stakeholder's own information and training needs. Stakeholders will define their own supports needs and the first results were found at the Venice Stakeholder Event. WP6 Leader further analysed the identified needs and priorities from Venice (see section 3) and continue to build on it during the lifetime of EIII.
- 1.6 We realised that the management of SF is a very complex system and it is very difficult to separate the different bodies' tasks and responsibilities, because they are complementary and interdependent to each other. This will set the environment for the Stakeholder Analysis and CB audit, which will have to take into account the

planning and implementation phase of SF system and the various domains of the capacity building model as well.

- 1.7 We found at the 1st year of EIII that the engagement of regional authorities in preparing and implementing (Regional) Operational Programmes as OP Managing Authorities and/or Monitoring Committees does not exist in all MS. There has also been no clear attention to holistic capacity building in most of the newer EU12. These have to be taken into account while conducting the Stakeholder Analysis and CB audit.
- 1.8 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.
- 1.9 WP6 was set up by EUREGIO III with the following remit for 2010:
- Collect the identified issues, questions of the Euregio III process regarding the use of Structural Funds (SF) for health-related investments;
 - Build strategic relationship with 'key stakeholders' for Stakeholder Analysis in Venice Stakeholder event and beyond with other stakeholders across Europe;
 - Produce a Capacity building audit tool and test it in Euregio III first workshop in Krakow;
 - Conduct the Capacity Building audit and first Stakeholder meetings before Online Survey;
 - Analyse the results of the stakeholders meetings and CB audit, which informed the content of the online survey;
 - Revise and finalise the stakeholder questionnaire for Online survey;
 - The online survey is done as part of the EUREGIO III (EIII) project that is tasked with learning lessons from health-related investments in the 2000-2006 and 2007-2013 SF periods. The new knowledge gained is intended to (a) provide practical information to organizations applying to use SF, those already running SF projects and the Managing Authorities responsible for SF Operational programmes (b) inform the mid-term review of the current SF period (c) inform planning for the 2014-2020 SF period;
 - OBJECTIVES of the survey are: (i) to assess stakeholders needs and priorities in using SF, (ii) to determine current capacity in EU Member States and their regions in Europe to use SF for health-related investments (iii) to identify the strengths and weaknesses of current

support and advice available to SF beneficiaries;

- Analyse the results of the stakeholders meetings (Budapest, Venice) and CB audit (Krakow), which informed the content of the online survey;
- Produce the final List of Questions for *Identifying stakeholders needs, priorities, issues* affecting the use of Structural Funds health investments and production of the Online Survey;
- Pilot and conduct the Stakeholder Online Survey;
- Analyse the results of the above process and online survey and produce the 2nd thematic & survey report;
- Produce a summary of key messages of the WP6 process in 2010 and consultation with core group members and external experts.

2. WHAT IS THE STAKEHOLDER ANALYSIS?

- 2.1 This information is a necessary step to develop strategies to help these stakeholders to facilitate the implementation of specific decisions or organizational objectives within the context of existing policy. The stakeholder approach may result in higher public health care performance if the stakeholders of a health care organization appraise the value of health care collectively and all stakeholders have the best available evidence on which to make decisions about health care and services. However, it cannot be ignored that stakeholders in the area of health policy have cooperative and competitive interests and that policy development is a complex process taking place in a continuously changing context. Therefore, the utility of stakeholder analysis for predicting future policy developments is limited.

Interaction and Conflicts

- 2.2 Analyzing the different stakeholder interests in quality of care may serve as an example to demonstrate that the interaction between stakeholders in a health system leads inevitably to conflicts. Providers tend to view quality in a technical sense meaning accuracy of diagnosis, appropriateness of therapy and the resulting health outcome. Payers focus on cost-effectiveness and patients, as the beneficiaries demand compassion, skill and clear communication.
- 2.3 This leads to the following two types of conflicts:
- Conflict of interest between providers and payers of health care:
 - In order to provide the best service, providers tend to use the most accurate and newest tests and treatments, which are also likely the most expensive.
 - Payers prefer a clear, evidence based, diagnostic plan, which will provide accurate diagnosis and treatment with the fewest visits and least number of tests.
 - Conflict of interest between patients and payers of health care:
 - Patients expect the payers (insurance companies, employers and the government) to offer a wide variety of options for health coverage that can be customized to their specific needs. They look to the employer to fund the majority of the cost of health insurance with the least out-of-pocket cost to them.
 - Payers want to maintain or lower their cost contribution. They want the patient to seek only needed care, follow providers' instructions, and recover quickly. Patients should also seek to reduce their health risk behaviours through, for example, diet, exercise and smoking cessation (Wilhelm Kirch, Encyclopaedia of Public Health, 2008 p.1332-1333).

3. USING THE CAPACITY BUILDING APPROACH FOR STAKEHOLDER ANALYSIS

- 3.1 The purpose of the stakeholder analyses is to identify the stakeholders' needs and priorities according to the capacity building model agreed by the core group of EIII. In year 2 the first stakeholder meeting was organised in Hungary where capacity building audit was conducted and online survey was planned about the priorities and needs of stakeholders. The first meeting was organised with a small group of Hungarian stakeholders before the project stakeholder event in Venice.
- 3.2 The aim was to complete a stakeholder matrix that focuses on the need of stakeholders who will affect or be affected by health-related Structural Funds investments like the one below (see table 2):
- 3.3 On the 12th of January 2010 a stakeholder meeting has been organized between several Hungarian stakeholders and Euregio III Work Package Leader. The meeting has been organized in Budapest. Altogether 8 participants were present for the event representing different organizations, and National policy level bodies.

Table 2. Stakeholders meeting (January 12, 2010, Budapest) and discussions about the possible use of the SF for health investments (views of the stakeholders)

	<i>Stakeholders who will affect or be affected by SF health investments</i>	<i>Stakeholder interest(s) in the project</i>	<i>Assessment of potential Impacts</i>	<i>Potential strategies for obtaining support or reducing obstacles</i>
1	Margit Ohr, Health ClusterNet, Work Package Leader (WP6), Euregio3	Assess support needs and priorities of stakeholders	Identify good recommendations for the effective use of SF for health investments for the EC and/or potential applicants in the EU	Support capacity building to the use of SF. Learning about the needs for capacity building. Make knowledge and information sharing available (for example participation at the Venice Stakeholders event and Krakow workshop)
2	Sandor Szabo, Hungarian Chamber of Pharmacists, Honorary President	He suggested investment ideas for health investments (electronic health insurance cards, developments of the informatics in health systems, health tourism, structural reorganization of the Hungarian Health Systems) – health professionals		Reducing barriers to the use of SF
3	Imre Czinege, Member of the Health Committee of the Hungarian Parliament	He suggested investment ideas for health investments (improving specialized health care services)		
4	Julianna Matrai, Hungarian Radio, Head of Department of International Relations and Tender Department	Organizational changes of the National Development Agency and other bodies executing the programme – possible applicants		

5	Antal Ling, Gress-ing, Teruleffelesztesi Mernokiroda Kft., Advisor	Assess opportunities for applying SF for health investments
6	Mudri Attila, Gress-ing, Head of the Tender Department	Assess opportunities for applying SF for health investments
7	Laszlo Kornya, Szent Istvan Hospital, Budapest and politician	Assess potential additional SF sources for health-related investments in Hungary
8	Karoly Halasz, Health Investor	Organizer of the meeting

- 3.4 The summary framework that is used in this report is the Capacity Building Framework (CBF). The framework was originally developed in New South Wales, Australia. The approach has been rigorously tested and validated over several years. Its adoption has led to considerable strengthening of health improvement delivery in New South Wales. More recently, it has been used in EIII project in Europe to build up the first Inventory of stakeholders and expertise.
- 3.5 Capacity building in health development is conceptualised and organised in many ways. It has often been described as the invisible work that is essential in building health infrastructure, maintaining and sustaining programmes 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. Capacity building is the necessary “process” work of health improvement. In thinking about capacity building we can gain insight into what is working and why. Defining the capacity building effort enables day-to-day and strategic activity to be made operational and measurable.
- 3.6 For Stakeholder Analysis capacity building is essential in identifying priorities and needs according to the various domain of CPF. Capacity building is an approach to development with the goal of producing effective implementation and achievement of outcomes in health investments. Using a capacity building approach creates a ‘big picture’ for EUREGIO III within which attention to the necessary detail of functions and priorities can be analysed and reported more coherently (see Diagram 1).

Links between Capacity Building and stakeholders priorities, issues affecting the use of health-related Structural Funds investments

- 3.7 After the Venice Stakeholder event we found the following key issues, questions, priorities and needs affecting use of SF for health-related investments according to the various domains of Capacity Building Framework and the planning and/or implementation phase of project management. These items/questions listed and presented in tables according to the capacity building domains of the CBF. When one item belongs to both the planning and implementation phase of health-related SF investments then it is highlighted in red.
- 3.8 Leadership: (i) There is a need for the harmonisation of policies (national policy should provide a framework allowing flexible application based on regional starting points/resources etc). (ii) One of the challenges is to overcome political and competitive tensions. (iii) How can we use SF the most efficient way? How can we manage expectations? Who decides about the final portfolio? How and based on what criteria?

(iv) Do policy makers currently consider the health impacts of health investments and non-health sector policy (health in all policies)? (v) What capacity exists within the EU12 to use structural funds and appraising the potential and actual impact of investments policy/programmes? (vi) What action could be taken to improve understanding, confidence and expertise in using structural funds in order to produce health gain? (vii) There is a need for more realistic evidence based correlation between ESF and ERDF aims and objectives in regional policies and projects e.g. employment.

Table 3. Challenges for leadership in Structural Fund health-related investments in planning and implementation phase of project management

Key leadership issues	
Planning phase	Implementation
(i)	(i)
(ii)	
(iii)	
(iv)	
(v)	
(vi)	
(vii)	

3.9 Organizational development: (i) How can we balance between primary and hospital care? (ii) Representatives from Hungary, Slovakia and Romania at the 1st Master Class in Budapest mentioned that in many public administrations in EU12 suffer from low wage levels, high rates of staff turnover especially in Managing Authorities of Structural Funds programmes. The effects can be widespread, leading to a lack of ready legal instruments, capacity deficiencies in organizational development and delays in initiating operations, poor procedures and a failure to generate the best projects especially in the health sector. This reflects well on the main findings of the Stakeholder survey conducted at the 1st semester. Therefore capacity building efforts regarding organisational development are essential to overcome these challenges.

Table 4. Challenges for organizational development in Structural Fund health-related investments in planning and implementation phase of project management

Key organizational development issues	
Planning phase	Implementation
(i)	
(ii)	

3.10 Resource allocation: The resource allocation domain includes knowledge, skills, information and financial elements. 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 programme, projects and services (See Diagram1 above) and get the most effective use of the SF available in 2007-2013 period in EU12.

3.11 Financial: (i) Which basis (competition/cohesion/GDP/quality indicators) to decide allocation of resources between regions? (ii) Will investment plans be sustainable or will they increase debts? (iii) How can we increase efficient/effective absorption of SFs (sometimes programmes seem to be based on spending and not strategic planning, because of danger of losing money)? How to pre-assess absorption capacity (what are the indicators)? (iv) The Basque country and other regions demonstrate to the EC that health contributes to the regional economy, therefore this can help to get more money for this area.

3.12 Knowledge, skills and competency: (v) Regarding knowledge one of the basic question is how to know what we need to know (pre-requisites before applying, systems and processes, consultancy)? (vi) A checklist of documents showing what we have to do could guide our actions. (vii) There is a need to strengthen evidence between health & impact on economic development. (viii) Regions have to develop own capacities to bring health, economy and social development together (methods to measure impacts). (ix) Lack of knowledge on EU procurement. (x) Many projects out of dates before they start. Little evidence of projection and forecasting. No models and good practice on which to base future work. (xi) Cross-border projects – shared learning around common problems/opportunities. (xii) There is no understanding and tools to assess return on investment and especially how to show added value like health gains through economic, social and environmental impacts. (xiii) How do we know if something labelled good practice is good practise? Are there comparators/benchmarks? Is good practice in process, project or final assessment? (xiv) Many investments will need to show demonstrable impact over the longer term. Yet focus is on using inappropriate short-term

measures e.g. process not effect (some outputs are captured but there are questionable outcomes measures).

- 3.13 Information: (xv) EC should define the indicators system for project evaluation (robust EU structure) before allocating SF. But can this be done in ways that are comparable without being inflexible and therefore not truly showing real outcomes? (xvi) Difference of data systems across Europe (lack of coherence between databases) and organisation of health systems. Therefore how to provide evidence for a successful project.

Table 5. Challenges for resources allocation in Structural Fund health-related investments in planning and implementation phase of project management

Key resources allocation issues	
Planning phase	Implementation
Financial	
(i)	
(ii)	
(iii)	
(iv)	
Knowledge, skills and competency	
(v)	(vii)
(vi)	(viii)
(xi)	(ix)
	(x)
	(xi)
	(xii)
	(xiii)
	(xiv)
Information	
(xv)	(xvi)
(xvi)	

- 3.14 Workforce development: In some cases training needs as a priority in relation to (i) how to carry out and make easier a planned capital investment project, (ii) how a hospital can apply for SF and (iii) how to get the most out from SF projects from an organizational point of view.

Table 6. Challenges for workforce development in Structural Fund health-related investments in planning and implementation phase of project management

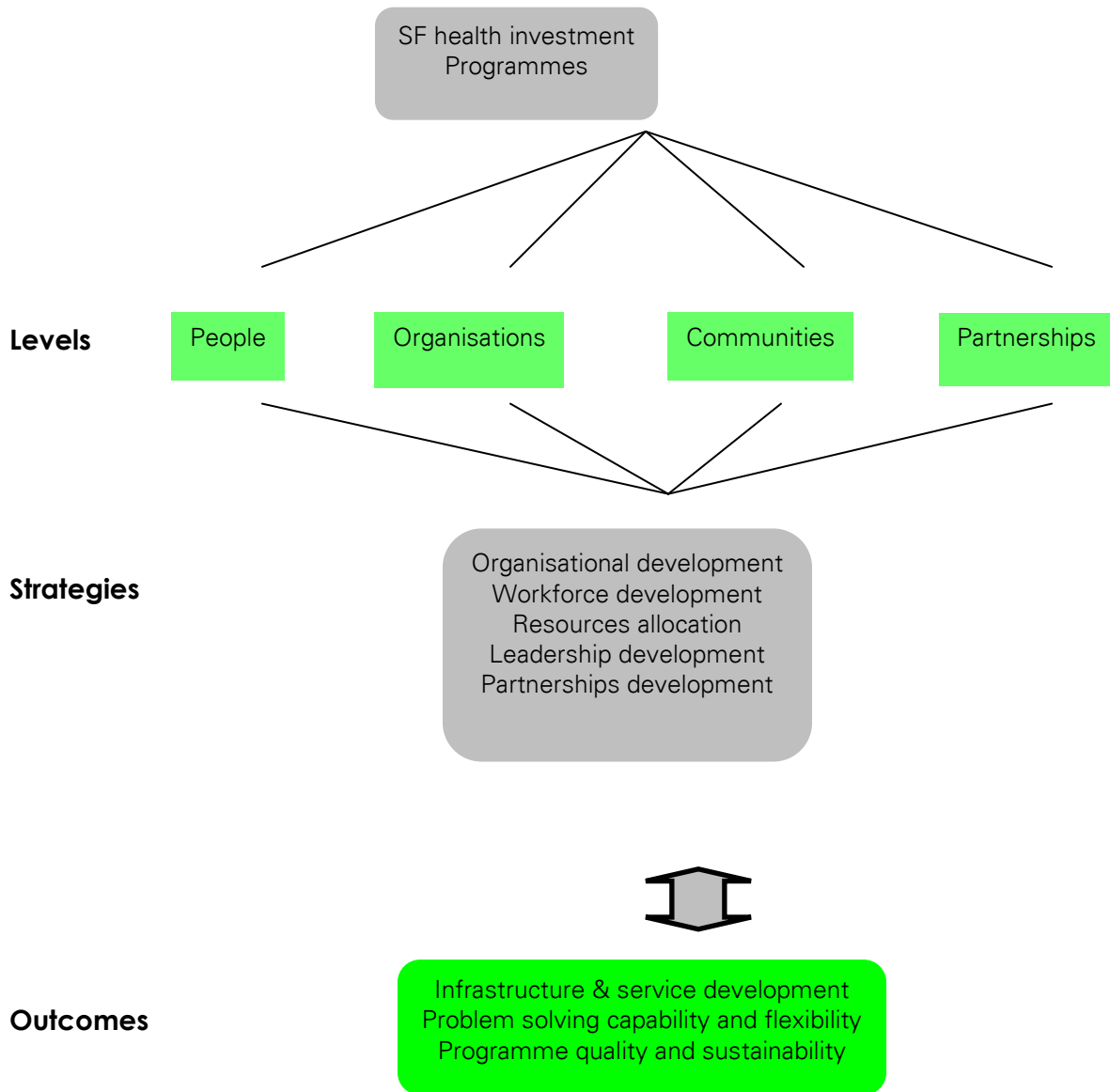
Key workforce development issues	
Planning phase	Implementation
(ii)	(i) (iii)

3.15 Partnership working: (i) The European Union Structural Funds policies also stress that “partnerships”, networking and cooperation have become very important. This includes also actors of the civil society like unions, employers’ organizations, social movements, environmental organizations etc. During the Stakeholder Analysis we should clarify if and how partnerships are involved in Member States and regions.

Table 7. Challenges for partnership working in Structural Fund health-related investments in planning and implementation phase of project management

Key partnership working issues	
Planning phase	Implementation
(i)	(i)

Diagram 1: A capacity building framework for health-related Structural Fund investments



4. AUDITING CAPACITY OF THE USE OF HEALTH-RELATED STRUCTURAL FUNDS INVESTMENTS IN EUROPE

4.1 The activity replies to the 1st EUREGIOIII workshop in Krakow on Optimising Health through application of EU Structural Funds. It aims to carry out a holistic review of the capacity of the participating EU Member States to develop and implement health investment projects funded by SF; to identify gaps, needs and common issues; and to make concrete suggestions for action where EU support, including programmes and instruments in other policy areas could provide assistance and added value to strengthen health investments capacities in achieving health gains.

4.2 To address these issues, WP6 used the Capacity Building Framework (CBF). The areas covered included (i) leadership (at national, local and where relevant, regional level); (ii) existing organizational capacities for health-related SF investments across a range of policy areas, management structures, support and commitment, recognition and reward system, information systems, monitoring and evaluation, quality improvement systems including informal organizational culture; (iii) resource allocation regarding human resources, tools, models, best practice, finances, information, data & evidence, existing knowledge, skills, physical resources and time; (iv) training and (v) partnership working. According to the various elements of the framework WP6 leader collected examples of issues/questions stakeholders identified as priorities and needs during the EIII process.

4.3 Two exercises were conducted with the workshop participants in order to collect data regarding capacity building required for efficient health-related structural funds investments. The workshop participants have been asked to identify issues, priorities they think relevant regarding capacity to apply and implement health-related structural funds investments and they had to categorize these issues according to the Capacity Building Framework. After that they were asked to score examples presented by Euregio III regarding the 5 domains of the CBF.

4.4 The collected data was categorized and quantified on relevant dimensions of health investments capacity as defined by the CBF, resulting in a comprehensive mapping of the existing capacities in the participated EU Member States in Krakow. The results of the mapping together with the findings of the Venice stakeholder events were the basis for further analysis, aimed at identifying the main strengths and weaknesses for SF health-



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related investments in the EU. Using suggestions and recommendations will be made for further action at national and EU level to strengthen health investments capacity.

4.5 The findings of the capacity building audit are given below. First the examples were presented by the workshop participants regarding capacity building in relation to health-related SF investments then examples given by Euregio III project were scored according to their importance (1= least useful 2= not useful 3= neutral 4= useful 5= very useful).



4.6 Leadership

Box 1. Examples presented by the workshop participants regarding Leadership:

Visioning the future	Systems and strategic thinking	Creative collaboration	Communications skills
3 examples: Poland (1), Malta (2)	2 examples: Poland (1), Belgium (1)	0	0

- 4.6.1 *Visioning the future*: (i) Many hospitals are located in old buildings, which are not really suitable hospitals. Doesn't matter how many adaptations are going to be made. In this case these hospitals should be closed (Poland); (ii) Annual capacity building exercise as part of the national public service CB (Malta); (iii) Unit to identify opportunities for health programs. Malta can benefit from SF strategic thinking.
- 4.6.2 *Systems and strategic thinking*: (i) Krakow University hospital is located in very old buildings from the XVIIth and XVIIIth century. It is only one option to destroy it and build modern hospital, which is environmental friendly and cost saving. (Poland); (ii) Limit the bureaucracy in the institutions' departments responsible for implementing EU SF (Belgium).

determinants at strategic level	4	4	3	5	4	4	4	5	5	4	5	43
1.3.3 Conditions to deliver change	4	4	4	3	5	3	5	4	5	?	5	38
1.3.4 Importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain	2	4	4	-	4	4	3	4	4	5	5	<u>35</u>
1.4 Communications skills	5	4	4	4	4	3	4	5	3	5	4	41
1.4.1 Actions that motivate and inspire others	5	4	4	4	4	3	4	5	3	5	4	41

4.6.3 Regarding leadership domain the importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain was scored the least important according to the workshop participants in Krakow.

4.7 Organisational development

Box 2. Examples presented by the workshop participants regarding Organisational development:

Policy/strategic plans	Management structures	Management support and commitment	Recognition and reward systems	Information systems, monitoring and evaluation	Quality improvement systems	Informal organisational culture
1 example: Belgium	3 examples: Poland, UK, Italy	1 example: Malta	0	1 example: UK	2 examples: Belgium (2)	0

- 4.7.1 Policy/strategic plans: (i) EU trend, policy and practice (Brussels).
- 4.7.2 Management structures: (i) Enforce communication between everyone involved in structural funds agencies, local authorities, health authorities (UK); (ii) Establishing a dedicated office that deals with fund raising and project management (Italy) and (iii) Reducing number of institutions involved in the process implementation of operational programmes (Poland).
- 4.7.3 Management support and commitment: (i) Foundation for medical services (project management, agency for health) training needs analysis project management, funds management, clinical + health planning (Malta).
- 4.7.4 Information systems, monitoring and evaluation: (i) Better systems for evaluating proposals and projects (UK).
- 4.7.5 Quality improvement systems: (i) Process and procedures (Belgium) and (ii) Writing applications (Belgium).

2.4 Recognition and reward systems	2.4.1 Acknowledge achievements through formal systems for those helping to maximise the contribution of health sector investments to regional development	3	3	3	3	3	4	5	4	4	3	4	4	36
2.5 Information systems, monitoring and evaluation	2.5.1 Do Management Authorities and Monitoring Committees have the understanding and capacity to assess health gain for non-health sector led projects?	3	3	4	4	4	5	5	5	2	5	4	4	40
2.6 Quality improvement systems	2.6.1 Use of good practice tools and evidence for health gain work	3	5	3	4	4	5	4	5	3	4	4	5	41
2.7 Informal organisational culture	2.7.1 Seeking to encourage attitudes that support organisational and individual innovation	5	4	5	3	3	5	4	5	4	3	5	5	43

4.7.6 (i) What regions have to improve in their regions and (ii) the need for option appraisal to clearly inform investment planning and decisions by public authorities was the least prioritised issues regarding organisational strategic plans.

4.8 Resources Allocation

Box 3. Examples presented by the workshop participants regarding Resources Allocation:

Human resources	Tools/models/best practice	Finances	Information, data and evidence	Specialist advice & expertise (knowledge, skills)	Physical resources	Time
6 examples: Malta (4), Italy, Bulgaria	1 example: Malta	1 example: Malta	1 example: UK	1 example: Malta	0	0

- 4.8.1 Human resources: (i) Multidisciplinary team to implement and monitor programmes (Malta); (ii) Recruiting qualified staff to deal with proposal writing + project management (Italy); (iii) Facilities management CB across all health department, agencies and hospitals (For example need for more engineers, supervising technicians, Malta); (iv) Specific training on EU Structural Funds (Bulgaria); (v) Investment in CB for nursing (Malta); (vi) HR development (Malta).
- 4.8.2 Tools/models/best practice: (i) CB in to day-to-day operations on the main hospital (Malta).
- 4.8.3 Finances: (i) Annual CB across the whole of the Health Department and Hospital (Malta).
- 4.8.4 Information, data and evidence: (i) Health needs assessment taking into account epidemiological and demographic data (UK).
- 4.8.5 Specialist advice & expertise (knowledge, skills): (i) Clinical expertise and the foundation for medical services to complement existing technical expertise (Malta).

3.6	Physical resources		4	4	4	3	4	4	5	5	5	4	-	5	?	<u>34</u>
	3.6.1	What factors help or hinder the project implementation?	4	4	4	3	4	4	5	5	5	4	-	5	?	<u>34</u>
3.7	Time	3.7.1 How to develop a proposal in time? (Problems with bureaucracy)	3	4	4	4	4	4	4	5	5	5	Shorten the time of certain stages in implementation procedure	5	?	<u>34</u>

4.8.6 Regarding resource allocation many items were scored as least important in Krakow: (i) experience to use best practices for learning; (ii) how to get information to the level that matters in relation to SF funded health investments; (iii) opportunities and barriers for getting information; (iv) assert professional knowledge in Structural Funds projects; (v) factors helping or hinder the project implementation and (vi) to develop a proposal in time.

4.8.7 *At the same time the effectiveness of financial project management and the absorption capacity of the health sector at national and regional levels to use SF were scored very important issues at the Krakow workshop.*

4.9 Workforce development

Box 4. Examples presented by the workshop participants regarding workforce development:

On the job learning	Course development	Professional development	Professional support and supervision	Performance management systems
2 examples: Malta	3 examples: Malta, Bulgaria, UK	3 examples: UK, HU, Poland	0	0

- 4.9.1 On the job learning: (i) Training of key personnel regarding EU SF process and emerging policy issues relating to health (Malta) and (ii) Radiotherapy department CB exercise as part of the Oncology project objective (Malta).
- 4.9.2 Course development: (i) Understanding SF process and funds available (Malta); (ii) Workshop national & EU wide (Bulgaria) and (iii) Training for applications, managing evaluation (UK).
- 4.9.3 Professional development: (i) Training of staff related to SF in Health, organisation of services (UK); (ii) Training on good practice among those using SF or training on administrative issues related to SF applications (Hungary) and (iii) Ensure that employees responsible for implementing EU SF get proper training and earn enough to stay in public sector (Poland).

Table 11. Examples presented by Euregio III scored between 1-5 by the workshop participants regarding workforce development (training)

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

Element	Examples	Malta	Malta	Malta	Malta	Slovak	Slovak	Poland	Poland	Bulgaria	Belgium	TOTAL
4.1 On the job learning	4.1.1 Are you ready to use SF in the period 2007 - 2013?	5	5	5	4	5	5	4	5	5	5	<u>48</u>
	4.1.2 Do you know how to use SF for health?	4	4	3	4	5	5	4	4	5	5	43
	4.1.3 Do you know how to collect ideas, experiences, good examples?	5	4	4	4	5	5	4	4	5	5	<u>45</u>
4.2 development	4.2.1 Incorporation of relevant competency based standards into courses	4	4	5	5	4	4	4	4	5	?	40

4.3 Professional development	4.3.1 Dissemination of information about, and support graduate and postgraduate opportunities and continuing studies relevant to developing and maintaining sustainable regional health systems	4	5	4	4	4	3	4	4	4	40
4.4 Professional support & supervision	4.4.1 Conferences, workshops, 'in service' programmes	4	5	5	5	3	4	4	4	4	43
4.5 Performance management systems	4.5.1 Formal supervision or support arrangements for relevant work	4	5	4	5	4	4	4	5	4	44

4.9.4 *Regarding training the readiness to use SF in the period 2007-2013 and knowing to collect ideas, experiences, and good examples were scored very important.*

4.10 Partnership working

Box 5. Examples presented by the workshop participants regarding partnership working:

Level of partnership	Type of partnership	Partnership development
1 example: HU	1 example: UK	3 examples: Bulgaria, UK (2)

- 4.10.1 Level of partnership: (i) Framework for consultation between national policy level and end users (needs, priorities) (Hungary).
- 4.10.2 Type of partnership: (i) Mix of disciplines: economics, public health, medical (UK).
- 4.10.3 Partnership development: (i) Involvement of Health Sector in the Strategy Development at start of each programme (UK); (ii) Experience exchange between institutions including within the EU, study visits (Bulgaria) and (iii) Better relationship between public health planners and principle and those who make SF applications (UK).

Table 12. Examples presented by Euregio III scored between 1-5 by the workshop participants regarding partnership working

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

Element	Examples	Malta	Malta	Malta	Malta	Slovak	Poland	Poland	Bulgaria	Belgium	TOTAL
5.1 Level of partnership	5.1.1 Identifying appropriate partners /services that have programme goals, objectives, resources and people necessary to implement initiatives and have the need to work together and create opportunities to identify shared and similar goals	4	4	5	5	4	4	4	5	5	45
5.2 Type of partnership	5.2.1 Partnership designed for purpose – such as professional and community networks, groups or an interest, knowledge expert, interagency, professional/peer and project based	3	4	3	5	5	4	3	5	5	42

5.3	Partnership development	4	4	4	5	4	4	5	5	3	5	5	43
	5.3.1 Identifying the resources required to develop, negotiate, implement, evaluate and sustain the planned action, involving all partner organizations in planning to ensure the programme remains relevant to all partners	4	4	4	5	4	4	5	5	3	5	5	43

- 4.10.4 Identifying appropriate partners/services that have programme goals, objectives, resources and people necessary to implement initiatives and have the *need to work together and create opportunities to identify shared and similar goals* received the highest scores by the participants in Krakow.

5 REFERENCES

Watson J (2009): EUREGIOIII – Annex I Description of the Action

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ANNEXES

Each Annex is attached to this Report available and can already be downloaded. Please look for www.euregio3.eu to view the Report and All Annexes:

Annex A: Exercise sheet about the examples regarding the use of SF for health-related investments

Euregio III Workshop 1 – Krakow, POLAND April 26th – 30th 2010

Optimising Health through application of EU Structural Funds

Exercise sheet about the examples regarding the use of SF for health-related investments

HEALTH INVESTMENTS
IN STRUCTURAL FUNDS 2000-2006: LEARNING LESSONS TO INFORM REGIONS IN THE 2007-2013 PERIOD

HealthclusterNet

EUREGIO III:

Session Leader: **Margit Ohr, MPhil**, Health ClusterNet Euregio III Work Package Leader

Others to involve in the exercise to complete the capacity building audit: EuregioIII 1st workshop participants

Date: 29 April 2010

Personal/organizational information

List of participants in the group (please indicate your name, organization, position, country, e-mail address):

	Name	Organization	Position	Country	E-mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

E-mail address:

If you would like to be involved at any level in the project, it is important that you provide us with a valid e-mail address for future contact

Capacity Building Domains

1. Leadership

To what extent is your organisation demonstrating effective leadership to maximise the contribution of SF health investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
1.1 Visioning the future	1.1.1 SF funded Programmes and projects are in place (decisions made, contract signed and implementation started)	
1.2 Systems and strategic thinking	1.2.1 Development of planning skills across the organisation 1.2.2 Effective contribution by the regional health system to strategic and intersectoral planning processes	
1.3 Creative collaboration	1.3.1 Opportunities and challenges to bring public health issues into using SF programmes, projects 1.3.2 Influence health determinants at strategic level 1.3.3 Conditions to deliver change 1.3.4 Importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain	
1.4 Communications skills	1.4.1 Actions that motivate and inspire others	

2. Organisational development

To what extent is the organisation developing and implementing effective organisational development strategies to help maximise the contribution of health sector investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
2.1 Policy and/or strategic plans	2.1.1 What do you need to improve in your region? 2.1.2 Have public authorities invested in option appraisal to clearly inform investment planning and decisions?	
2.2 Management structures	2.2.1 What are the main difficulties in applying for funding and managing structural funds in the health sector?	
2.3 Management support and commitment	2.3.1 Mainstream line management position and accountabilities for achieving regional economic and social added value within the organisation	
2.4 Recognition and reward systems	2.4.1 Acknowledge achievements through formal systems for those helping to maximise the contribution of health sector investments to regional development	
2.5 Information systems, monitoring and evaluation	2.5.1 Do SF Management Authorities and Monitoring Committees have the understanding and capacity to assess health gain for non-health sector led projects?	
2.6 Quality improvement systems	2.6.1 Use of available good practice tools and evidence for health gain work	
2.7 Informal organisational culture	2.7.1 Seeking to encourage attitudes that support organisational and individual innovation	

3. Resource allocation

To what extent the organisation demonstrating effective and sustainable resources allocation to enable it to address the challenge of maximising the contribution of health sector investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
3.1 Human resources	3.1.1 Identify your support and information needs?	
3.2 Tools/models/best practice	3.2.1 Do you have experiences to use best practices for learning?	
3.3 Finances	3.3.1 What do you think of the effectiveness of financial project management? 3.3.2 What is the absorption capacity of the health sector at national and regional levels to use SF?	
3.4 Information, data & evidence	3.4.1 Do public authorities have enough data and evidence of the benefits of investments in health? 3.4.2 What can be done to satisfy your information needs? How the get information to the level that matters in relation SF funded health investments? 3.4.3 What are the opportunities and barriers to getting information?	
3.5 Specialist advise & expertise (knowledge, skills)	3.5.1 How to assert professional knowledge in Structural Funds project?	
3.6 Physical resources	3.6.1 What factors help or hinder the project implementation?	
3.7 Time	3.7.1 How to develop a proposal in time? (Problems with bureaucracy)	

4. Workforce development (training)

To what extent is the organisation effectively supporting approaches to workforce development that facilitate inclusive and attractive employment?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
4.1 On the job learning	4.1.1 Are you ready to use SF in the period 2007 - 2013? 4.1.2 Do you know how to use SF for health? 4.1.3 Do you know how to collect ideas, experiences, good examples?	
4.2 Course development	4.2.1 Incorporation of relevant competency based standards into courses	
4.3 Professional development	4.3.1 Dissemination of information about, and support graduate and postgraduate opportunities and continuing studies relevant to developing and maintaining sustainable regional health systems	
4.4 Professional support & supervision	4.4.1 Conferences, workshops, 'in service' programmes	
4.5 Performance management systems	4.5.1 Formal supervision or support arrangements for relevant work	

5. Partnership working

To what extent is the organisation supporting and engaged with a regional intersectoral partnership to maximise the contribution of health sector investments to regional development?

Please identify examples and score them between 1-5.

1= least useful 2= not useful 3= neutral 4= useful 5= very useful

<i>Element</i>	<i>Examples</i>	<i>Score (1-5)</i>
5.1 Level of partnership	5.1.1 Identifying appropriate partners /services that have programme goals, objectives, resources and people necessary to implement initiatives and have the need to work together and create opportunities to identify shared and similar goals	
5.2 Type of partnership	5.2.1 Partnership designed for purpose – such as professional and community networks, groups or an interest, knowledge expert, interagency, professional/peer and project based	
5.3 Partnership development	5.3.1 Identifying the resources required to develop, negotiate, implement, evaluate and sustain the planned action, involving all partner organizations in planning to ensure the programme remains relevant to all partners	

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Margit Ohr M.Phil, Health ClusterNET
EUREGIO III Work Package Leader (WP6),

Semmelweis University
Health Services Management Training Centre (Word Bank Institute)
Kutvolgyi ut 2 , Budapest 1125 Hungary

Phone: + 36 70 215 4602
margit@healthclusternet.eu