healthclusternet

Final Report

PTOA workshop on health and structural funds
Rome, 12-13 May 2011

Key messages

- **Health and EU2020** - A challenge for regional health systems especially in convergence regions will be to demonstrate the relevance of their development priorities to EU2020 Flagship Initiatives which are generic in nature and do not explicitly focus on health issues.
- **Stakeholder engagement** - To address a lack of effective stakeholder engagement, a starting point in each of the four regions would be to conduct a stakeholder analysis (SA) that covers the following axis: within region; region-national; interregional.
- **Conditionalities** - The EU is seeking to strengthen the use of 'conditionalities' within structural funds. There is current debate between the Commission and member states about what these conditions might be.
- **High impact projects** - The 'mega trends' in healthcare are promoting a shift from a hospital centric model of care towards a more pluralistic healthcare delivery service, with greater emphasis on community support in particular for the elderly and chronic ill. This will place greater emphasis on the need to improve (regional) absorption capacity to manage these changes and to plan and implement relevant, effective and sustainable high impact projects.

1 Introduction

This paper is a report to the host (PTOA project, Italian Health Ministry) and participants (representatives from four southern Italian convergence regions: Calabria, Campania, Puglia, Sicilia) of the workshop held in Rome on 12-13 May. It is based on field notes taken by Health ClusterNET, small group feedback and evaluation of the event provided by Venetoformss who analysed the forms provided by HNC to participants.

After Section 2 that restates the aim and objectives of the workshop, Section 3 discusses key opportunities and threats to better use of structural funds identified by participants. In the following section (4) the focus is on short and medium term capacity building needs at regional and national level. The report is supplemented by two annexes: (A) Sources of EU funding for regional health systems. (B) Connecting EU priorities and regional needs.

2 Workshop aim and objectives

The purpose of this workshop was to provide initial support to the PTOA project drawing on the experience of the EUREGIO III project in using Structural Funds for health-related investment. While the workshop used case examples from other EU Member States, its focus reflects the Italian context of regionalization of health care delivery in Italy and the larger autonomy granted to hospitals and health care delivery services.

The aim of the workshop was to review the overall framework of planning/ implementing Structural Funds for health investment in the context of the new Europe 2020 Agenda, post-2013 Cohesion Policy, Solidarity in Health as well as the interrelationship with national reform programs .

The objectives of the workshop were to:

1. Review the main stages of the Structural Fund process: context, development of operational programmes, project selection, procurement and tendering.
2. Present EUREGIO III case examples that show how project ideas evolve through the SF process.
3. Consider the challenge of "technical assistance" as part of the SF process with special attention to: empowering the governance capability of public administration; investing in human resources development; and spreading knowledge in order to navigate SF issues (drawing on experience of other EU Member States)
4. Discuss and agree medium term support needs for the PTOA project and participating regions.

The learning outcomes of the workshop for participants are (i) to clarify how to navigate the SF process in the best way (ii) to improve understanding of the need for projects that will deliver the best benefits and that are sustainable.

3 Opportunities and threats to better use of Structural Funds

Objectives are European, funds are national and needs are regional (comment by workshop participant 12 May 2011)

In looking at the opportunities and threats to better use of structural funds identified by participants, the above quote captures an essential problem: how to develop a more cohesive relationship between regional needs, funding sources and EU priorities. As EUREGIO III has shown, this relationship can be uncertain and there have been instances where the original intentions of local and regional projects have been compromised to fit within EU financing guidelines which do not always relate well to local need. There are exceptions to this such as the good practice

discovered and assessed by EUREGIO III e.g. two examples from Sicilia. Part of the answer is to shift from a focus on spending priorities (top-down) to a focus on investment priorities (bottom-up).

In relation to this, the four participating regions and Ministry of Health participants identified three types of issue that if addressed could lead to better use of structural funds for health-related investment:

- MACRO - the relationship between Europe 2020, health, structural funds and national reform programmes
- MESO - conditionality; stakeholder engagement; developing high impact projects
- MICRO - capacity building; technical assistance.

3.1 Macro

The overriding challenge for the whole of Europe is coping with economic and financial instability post 2008/09. Also, there are more specific health related trends which are now assuming significant importance in EU, national, regional and local policy-making. The most prominent are ageing, chronic disease, speed of technology innovation. Underpinning these pressures is the constant reality of widening inequalities.

However, EU regions likely have more flexibility and need to see these challenges as opportunities (SERI). Regions are a key vehicle for such actions through sustainable development. In this, health is now seen as a basic part of strong, competitive economies and regional devolution is a major element of health system reform across Europe (including in Italy), with the aim of making services more relevant & more responsive to local needs.

3.1.1 Europe 2020, health and structural funds

In the context of these macro changes, a clear concern voiced by several participants was a lack of knowledge about Europe 2020 and its implications for regional health systems. This includes making sure that the strategic alignment between Europe 2020 and Structural Funds allows for the full recognition of local [health] needs and priorities. As health is one of the key responsibilities for regional authorities in Italy, they have the opportunity to use Structural Funds for supporting direct healthcare investment and delivering health gains and non-health sector investment that impact on the conditions of daily life (social, economic, environmental, cultural) (see Watson J 2010 and Table 1 below).

Table 1 offers some ideas for where regional health systems can identify, develop and achieve investment priorities that can help shape and match those regional development priorities that are adopted by regional governments and the national government.

Table 1: Opportunities for health investment with EU2020

Flagship	Relevant actions
Innovation Union	Regional excellence clusters based on public health systems, universities and health industry collaboration, innovation partnership (healthy ageing), bio-economy, functional foods
Youth on the Move	Inclusive employment, life long learning, transnational and interregional mobility
European Digital Agenda	E-health, ICT-based support for dignified and independent living, telemedicine, tele-coaching, dispersal technology, eLearning, patient information services
Resource Efficient Europe	Pluralistic health care model (less hospital-centric), cross-border health care, improved local procurement with the health sector supply chain, energy efficient capital investment
Industrial Policy for Globalisation	Joint R&D regional platforms for medical device SMEs, regional health sector supply chain SME Networks
New Skills and Jobs	Inclusive employment, flexible workforce, active ageing, life long learning, mobile health professionals
Platform Against Poverty	Inclusive employment, improved social protection (pensions), closer to home health care access; healthy ageing

Key message: *A challenge for regional health systems especially in convergence regions will be to demonstrate the relevance of their development priorities to EU2020 Flagship Initiatives which are generic in nature and do not explicitly focus on health issues*.

Other factors will affect regional priorities. For example, demographic shifts have implications for public finance across the EU, in terms of pensions, health and long-term care expenditures and other age-related items, as demonstrated in a new report entitled 'The long-term sustainability of public finance in the EU' which is published by the Commission's Economic and Financial Affairs DG. The implications of a greying population will not bite straight away, particularly while the EU labour force continues to grow. However, rising employment rates can only provide a temporary cushion, and eventually the weight of demographic change will win.

A possible selling point in the new economic climate will be the ability to show the added value achieved by SF investments. In this respect, Structural Funds directly impact on the social determinants of health but up until now the links between SFs and health determinants have not been made explicit. At a time when the EU is seeking

to reinvigorate the commitment and actions of its Member States to deliver sustainable and equitable economic growth, health systems need to take forward their role as major economic players as part of the stewardship function (WHO Regional Office for Europe, 2008 [1]). So, the regions might also take forward the health issue through discussions with the national level regarding the development and implementation of the national reform programme and the yearly process of reporting and change.

3.2 Meso

This second intermediate level is where EU strategic priorities and local needs come together. To ensure that these two drivers can compliment each other regional health systems (and Ministries of Health) will need to address three main challenges: new conditions for securing Structural Funds; improving stakeholder engagement between and within regions and between regions and national ministries; and developing relevant but high impact projects.

3.2.1 Stakeholder engagement

A problem for Calabria, Campania, Puglia and Sicilia seems to be the rather limited nature of stakeholder engagement. Feedback suggest that engagement between national and regional stakeholders is usually formal and symbolic. There is a need for:

- better synergies between ministries & regions
- clarity about participation methods
- budget lines and capacity building for active involvement
- engagement within the whole process of SF (development, implementation, evaluation).

The need for improvements in stakeholder engagement is underlined by occasions when politicians block improvements with simple focus on spending the money rather than meaningful investment. Another complicating factor is the quality and purpose of communication. In this operating environment, regions need to see themselves as the primary stakeholders,

The concerns expressed in the workshop are similar to EUREGIO III findings. So far, analysis of case material and discussions with stakeholders at all levels show a need to improve cohesion between government levels (State and Region) in developing an inclusive and integrated approach to SF planning and investment. Evidence demonstrates widespread lack of coherence between government levels (State, Regions and even greater cities at the sub-regional level) and between ERDF and ESF funding streams. The distinction and division between government tiers and ERDF and ESF tends to promote fragmentation, thus reinforcing the need for SF projects to be set within overarching (strategic) master plans.

The Greek mental health programme shows that it can be useful to include the expertise that the different stakeholder groups have at any one time during the lifetime of a project or programme (see Figure 1). This is useful not just at the start of a project but also during implementation when new knowledge (subject matter, contextual) is generated and absorbed by stakeholders.

Figure 1: Stakeholder engagement during the Greek mental health care reform process

Programme Design & Continuity of Healthcare Reform

❑ Greek mental care reform in 1995-2009

→ 1995, 2001: stakeholders' **new** roles & expertise:

Stakeholder	Role	Expertise
EU	funder; policy maker	Multi-annual programme management, **monitoring**; **previous programme**
National government	funder; policy maker	Domestic policy & admin, **multi-annual programme management, monitoring**
Experts	expert knowledge provider	Primary, acute care methods per type of psychopathology; **previous programme**
Care staff	care provider; **policy maker**	'frontline' knowledge of patients, pathologies; **new mental care methods**
Local government, residents	facilitator of new, community-based services; **policy maker**	Local community
Citizens, other	policy reviewer	Local community, domestic policy & admin
Patients	new services user; **policy maker**	Current services; own pathology

Key message: *To address a lack of effective stakeholder engagement, a starting point in each of the four regions would be to conduct a stakeholder analysis (SA) that covers the following axis: within region; region-national; interregional.*

Current models of SA apply a variety of tools on both qualitative and quantitative data to understand stakeholders, their positions, influence with other groups, and their interest in a particular issue. In addition, it helps clarify the divergent viewpoints towards proposed issues and the potential power struggles among groups and individuals, and so helps identify potential strategies for negotiating with opposing stakeholders.

Timing is an important factor in running a stakeholder analysis to ensure the usefulness of the results for (i) regional development planning and especially (ii) the negotiation process (informal and formal) at EU, national and regional levels in preparation for the 2014-2020 period. By initiating SA prior to these negotiations and mindful of individual regional development planning cycles, potential obstacles to implementation and desired results can be managed or avoided. When used at the right time and together with other tools (such as social, environmental and health impact assessments). SA can inform strategies to overcome opposition, build partnerships, and channel information and resources to promote and sustain proposed investments. as well to

[1] WHO Regional Office for Europe (2008). The Tallinn Charter: Health Systems for Health and Wealth. Copenhagen, WHO Regional Office for Europe http://www.euro.who.int/document/E91438.pdf,

create ownership for the overall strategy. Regarding strategy this means the European as well as the national and regional ones.

While the four regions will use the results of the SA in ways that reflect their own histories, resources and competencies there might be value in sharing the findings and discussing ideas about how obstacles have been overcome before and now within Italy but also by other European regions and experts.

3.2.2 Conditionality

A key task for EUREGIO III was to identify and assess good practice in the use of structural funds for health-related investment. However, many possible project examples did not have good evidence and value to support selection. In part, this was a result of the lack of available pre-conditions for use in the selection process for structural funds by operational programme managing authorities. It meant that selected projects were often ad hoc and based on out-of-date models. This has led to EUREGIO III supporting the use of conditions in a pre-assessment phase before project applications are submitted.

Key message*: The EU is seeking to strengthen the use of 'conditionalities' within structural funds. There is current debate between the Commission and member states about what these conditions might be.*

Health Ministers have been presented with the following but these have not been formally adopted yet. The four conditions are:

- **Connectivity** - that the project fits within, and makes a measurable contribution to population-based strategic (master) plans at regional and/or national levels.
- **Transformational change** - investment in new models of care that address issues of patient quality and equity built on a reliable evidence base including appropriateness of treatment and care, location and accessibility, and impact on personal and population health status. Integration across the whole health and social sector will become increasingly important as a change factor.
- **Affordability** - that the life cycle cost of the investment can be resourced.
- **Sustainability** - once joint funding ends the revenue costs of the project can be absorbed into existing health budgets without prejudice.

The PTOA project and the four regions will need to address these. In relation to the PTOA project, they might be applied at national as well as regional levels. This could mean that 'ex-ante conditionalities' may require certain strategic or institutional conditions related to the implementation of operational programmes to be in place before EU funds are made available e.g. requiring a region to have a 'smart specialisation' strategy in place if it chooses a research and innovation type priority as part of its programme. Also, structural reform conditions may require countries to implement domestic policy reforms linking to EU2020 objectives, for instance IT strategies. There is evidence from some of the EU12 that financial instability has driven inclusion of health systems reform into their EU2020-driven national reform programmes. It is also assumed that conditionality measures of all types will not restrict the type of activity that structural funds support, or place additional burdens on beneficiaries (Local Government Group 2011[2]).

3.2.3 Developing high impact projects

Key message*: The 'mega trends' in healthcare are promoting a shift from a hospital centric model of care towards a more pluralistic healthcare delivery service, with greater emphasis on community support in particular for the elderly and chronic ill. This will place greater emphasis on the need to improve (regional) absorption capacity to manage these changes and to plan and implement relevant, effective and sustainable high impact projects.*

After the 2008/09 credit crisis, the EUREGIO III project reviewed its case study work package and refined it to meet changing needs. While capital and eHealth structural fund investment areas were priorities, projects were also selected that offer good practice pointers for the future "shape of things to come". For example, projects that showed:

- A measurable contribution to reducing health inequalities
- Consistency with Europe 2020 aims and objectives
- Coherence with masterplanning frameworks and regional development plans
- Planning of high risk investment for example capital intensive high technology projects
- Maximising the potential of ICT in the health sector with particular regard to eHealth
- Improving workforce competencies and skills
- A shift in emphasis from short-term tactical response and and focus (the on time on budget orientation of much SF evaluation) towards sustainable strategic investment.

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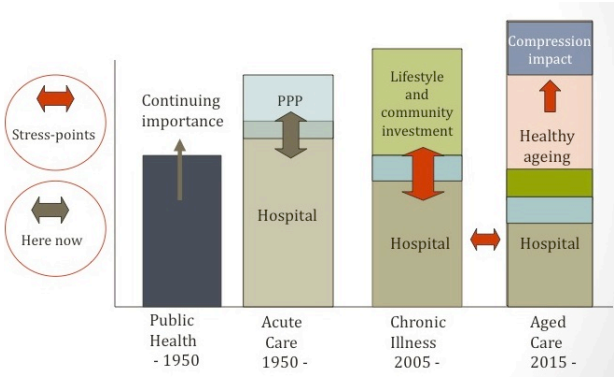
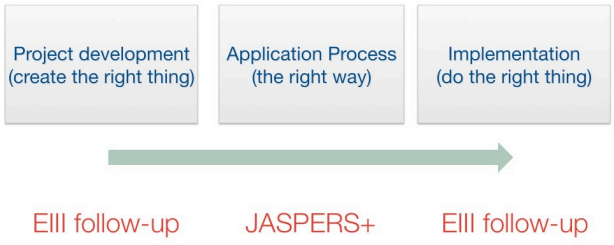
[2] Local Government Group (2011). *Future of Structural Funds, 2014-2020 – a briefing*. http://www.lga.gov.uk/lga/tio/18482017

Figure 2: The dynamics of change



In developing high impact projects for the 2014-2020 period that meet the conditions outlined in 3.2.1 above, the PTOA project and the four regions need to be clear about their starting points. This will be informed by previous experience, lessons learned, mega trends (and implications for health care design & delivery - see Figure 2), new opportunities, stakeholder analysis (3.2.1 above), emerging priorities and current & needed capacity (see 3.3.1 below).

Figure 3: Improving effectiveness of project development for Structural Funds



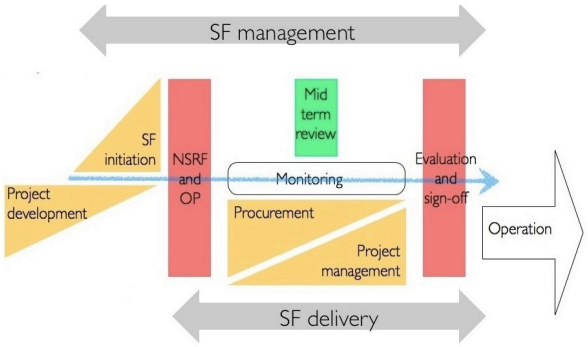
3.3 Micro

An understanding of macro developments and its translation into supportive processes and mechanisms (meso level) will not by themselves deliver effective and sustainable health investment using structural funds. Significant investment in capacity building, tools and resources is also needed. This is part of the rationale for the PTOA project and the Italian MoH identifying the need for a capacity building joint action to follow-up EUREGIO III as a priority for the 2012 and 2013 health programmes.

3.3.1 Capacity building

All workshop participants see the need for capacity building as a key challenge. This is not simply about new skills or competencies in line with the structural fund process outlined in Figure 4 below. It is about knowledge exchange, leadership development, organisational development, partnership working, technical assistance and confidence to increase the probability that structural funds can be accessed and used to both short and longer-term benefits of the four regions and their communities. It also includes development of competences for initiating and managing stakeholder involvement and creation of ownership related to goals and strategies.

Figure 4: Competencies for using Structural Funds



There are practical and tested tools available to inform the capacity building process in the four regions and for the PTOA unit. Building on original work in Australia, a capacity building audit/re-audit tool has been used in Scotland, England, Hungary and Slovenia. As the workshop participants have already recognised, capacity building is the necessary "process" work to maximise health gain from structural funds and other funding sources. Capacity building provides a framework to assess:

- The building of infrastructure to plan and deliver health gains at the local level (structures, organisational skills, resources)
- The building of partnerships and organisational environments so that programmes are sustained and programme health gains are sustained (programme delivery ongoing through a network approach)
- The building of problem solving capability for ROP/ OP Managing Authorities, Monitoring Committees and intermediary bodies including health authorities.

3.3.2 Technical assistance

Technical Assistance (TA) is generally the smallest part of all Operational Programmes, but plays an important role because of its impact on administrative capacities. The purpose of a specific TA programme is to be complementary to the technical assistance activities undertaken under each national or regional operational programme (COCOF/07/0009/01). A TA programme makes assistance available in the form of financing consulting services, experts' work, evaluation, equipment purchases, training and research to support effective structural funds management.

The objectives of any specific technical assistance programme are well defined and address technical assistance activities that are horizontal and of relevance to a number or all operational programmes (e.g. establishment of a common data base and information

system, common training for the staff involved in management and implementation of the programmes, etc.).

There are clear limits for funding:

- the expenditure for technical assistance cannot exceed 4% of the total amount allocated for technical assistance in each operational programme falling under the convergence and competitiveness objective and 6% of the total amount allocated for technical assistance in each operational programme falling under the territorial cooperation objective.
- the total amount of expenditure for technical assistance in such a specific programme shall not lead to a situation where the total proportion of Funds allocated to technical assistance through the specific operational programme and through all other operational programmes exceeds 4% or 6% of the allocation of the Funds to the objective.

Problems with TA aspects of Operational Programmes or specialist TA operational programmes are about: focus, access and timing.

Focus - The experiences of the Rome workshop participants with technical assistance varies. For example, in Puglia TA is used for control, management and education and not for training. In Campania TA deals with integrated management of different financial portfolios while in Sicilia, TA is detached from the ESF operational programme. Unfortunately, it seems that no funds are available for training with the PTOA programme.

Access - Evidence from participants in EUREGIO III training workshops and master classes suggest that they have found it very difficult to access TA funds (despite these events being endorsed by DG REGIO and DG SANCO).

Timing - A TA starting in the fourth year of a structural fund period risks to not be able to provide much more than qualified observers. This is is a serious risk to (i) improving capacity building at the TA level and (ii) not having the time to transmit it to the programme/project level.

If regional health systems are to secure appropriate support from TA within regional operational programmes or national programmes then they will need to (i) improve their understanding of the current process (ii) find means to advocate for TA for the next period that meets their specific needs (as informed by the capacity building audit suggested in 3.3.1 above).

4 Next Steps in supporting the four regions and the PTOA project

In the last workshop session on 'Forward thinking' participants discussed priorities for regional support and the PTOA project in short and medium term.

In the next 12 months:

- Set up a focus group in each region to assess Europe 2020 and identify the opportunities for investment that come from this agenda. This could be supported by developing a **'Matrix on Needs'**. Its purpose would be to facilitate guidance on how to combine resources and needs regarding Europe 2020 and national reform programme opportunities for using structural funds in the next period.
- Both the four regions and PTOA staff have asked for **four workshops** in the short-term (i) to explore and understand Europe 2020 and its implications for their regions/regional health systems better (ii) new methods to evaluate SF projects e.g. participative evaluation and action research evaluation (iii) integrating health planning into regional development plans (iv) how to improve PTOA management and regional support.
- The participants missed the **Finnish eHealth case study** due to technical reasons. PTOA are asked to explore if a 1-2 hour online workshop using Illuminate can be provided for the regions. If the Ministry is not able to do this, can it be organised through HCN or other EUREGIO III partners.
- **Local dissemination workshops** should be organized in each participating region in order to increase political/institutional participation and regional relevance in this capacity building initiative.
- Each region and the PTOA project should be guided through a **capacity building audit/ benchmarking exercise** to clarify strengths that need building on and weaknesses (gaps) that need improvement in each region and at national level in the PTOA project
- Set up bilateral or **interregional working groups** on common themes to exchange knowledge and learning. Ensure that such groups bring together technical people, policy makers and civic society to ensure more coherence in planning and review.

In the medium term:

- The MoH have identified the need for a **capacity building joint action** among EU Member States as a follow-up to the EUREGIO III project as a priority for the 2012 and 2013 EU Health Programme.

- Review the **timing of Technical Assistance Operational Programmes**. To ensure preparation for the next structural fund period and and possibly using the n+2 rule why not have the current programme run from 2010-2016. This would bridge the two Structural Fund periods and assist in forecasting development and implementation of national and regional operational programmes in the 2014-2020 period.
- Allocate funds to enable **civic community groups** and organisations to better engage in key processes: regional development planning; structural fund planning & review
- Improve understanding of the relationship between projects and **the procurement process**. This should include how local suppliers can be supported to better compete for contracts and the beneficial ripple effect this can have on local economies.
- Each of **the four regions should develop a project idea for funding** in the next structural fund period. These ideas should reflect learning from EUREGIO III and the outcomes of this report. A peer review team from HCN and its EUREGIO III partners would then be asked to provide an **independent assessment** of the project ideas.

To support delivery of these short and medium-term goals Health ClusterNET will discuss with the PTOA project how it can contribute as a knowledge broker, capacity builder and provider of agreed technical expertise from its staff, partner regions and collaborating partners (ECHAA, LUDEN, AER, EURADA, PoHeFa, EHI).

In summary, there is a need to build on EUREGIO III with:

- A platform for exchanging practical "how-to" knowledge (**clearinghouse** function)
- A mechanism for bridging the evidence base with policy implementation (**knowledge brokerage**)
- A **capacity building** programme and **technical support** at national and regional levels that improves access to and use of structural funds from strategic planning, through project conception to implementation.

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5 June 2011

Annex A: Sources of EU funding for regional health systems

Table 2: Key websites for EU funding

Areas of interest	Website address
More information about the budget and financial measures	http://ec.europa.eu/budget/index_en.htm
Cohesion Policy (and ERDF at national and regional levels)	http://ec.europa.eu/regional_policy/index_en.htm
The future of Cohesion Policy	http://ec.europa.eu/social/main.jsp?langId=en&catId=88&eventsId=292&furtherEvents=yes
Agriculture & rural development	http://europa.eu/legislation_summaries/agriculture/general_framework/l60032_en.htm
Education and culture	http://ec.europa.eu/dgs/education_culture/index_en.htm
Employment and Social Affairs European Social Fund PROGRESS Programme	http://ec.europa.eu/social/home.jsp?langId=en http://ec.europa.eu/social/main.jsp?langId=en&catId=325 http://ec.europa.eu/social/main.jsp?langId=en&catId=327
Research and Development FP7	http://ec.europa.eu/research/index.cfm http://ec.europa.eu/research/fp7/index_en.cfm
2008-2013 Health Programme Health in All Policies Health and Structural Funds	http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm http://ec.europa.eu/health/health_policies/policy/index_en.htm http://ec.europa.eu/health/health_structural_funds/policy/index_en.htm

Structural funds and health-related investment

Structural Funds are funds allocated by the EU as part of its regional policy. They aim to reduce regional disparities in terms of income, wealth and opportunities. Europe's poorer regions receive most of the support, but all European regions are eligible for funding under the Regional policy's various funds and programmes. The total amount allocated for Structural Funds in 2007-2013 is €347 billion. The current programmes run from 1 January 2007 to 31 December 2013. Table 3 describes the three types of SF. Looking at the partly really low implementation rate at least in the SF it is expected that countries will wildly use the n+2 rule – means that a greater part of SF of the running period is still to be implemented in 2014/2015.

Table 3: Structural Funds 2007-2013

The European Regional Development Fund (ERDF) – with €201 billion, the ERDF supports programmes addressing regional development, economic change, enhanced competitiveness and territorial cooperation throughout the EU. Funding priorities include modernizing economic structures, creating sustainable jobs and economic growth, research and innovation, environmental protection and risk prevention. Investment in infrastructure also retains an important role, especially in the least-developed regions.

The European Social Fund (ESF) – the ESF has €76 billion and focuses on four key areas: increasing the adaptability of workers and enterprises; enhancing access to employment and participation in the labour market; reinforcing social inclusion by combating discrimination and facilitating access to the labour market for disadvantaged people; and promoting partnership for reform in the fields of employment and inclusion.

The Cohesion Fund (CF) – the CF contributes €70 billion to interventions in the field of the environment and trans-European transport networks. It applies to Member States with a gross national income (GNI) of less than 90% of the EU average. As such, it covers all 12 new Member States as well as Greece and Portugal. Spain is also eligible for the CF, but on a transitional basis (so-called "phasing out").

Previous instruments such as the European Agricultural Guidance and Guarantee Fund (EAGGF), Rural Development Fund (RDF) and the Financial Instrument for Fisheries Guidance (FIFG) are no longer considered as Structural Funds. Instead, they serve other policies of the Community.

Cohesion Policy for 2007–2013 (Council of the European Union, 2006) included a health priority for the first time. Three main areas of health-related SF investment were identified for 2007–2013: direct, indirect and non-health sector investment (Watson, 2009). These built on limited health investment available to Objective 1 regions in the 2000–2006 period.

In the current SF period, a conservative estimate of €5 billion is allocated from ERDF to support direct health system investments; a further €6 billion is earmarked for ageing and e-services priorities, including e-health and €1 billion is allocated to active ageing (Dimitrova, 2010).

In addition to ERDF, the ESF is used to support EU employment policies in regions categorized under both the Convergence and regional Competitiveness and Employment objectives. ESF provides funding for activities aiming to improve human capacity, to support healthy population and workforce, such as health promotion and disease prevention programmes, training of the health workforce, and health and safety at work measures. That said, only 13% of ESF is actually related to addressing social inclusion of the most vulnerable groups. Furthermore, as the European Court of Auditors has remarked, ESF has suffered from a lack of effective impact measures (European Court of Auditors, 2006).

Annex B: About EUREGIO III partners

This collaboration with the PTOA Project and southern Italian convergence regions builds on the initial involvement of the Italian Ministry of Health with the EUREGIO III project.

The EUREGIO III project partners are:

Health ClusterNet (HCN) is a non-profit European interregional knowledge hub. Building on three years as an Interreg IIIC funded network (2005-2007), it was set up in 2008. It works with founding regions, fee-paying regions and collaborating partners (AER, EUREGHA, EIPA, LUDEN, ECHAA, BioCon Valley, ScanBalt) driven by a shared understanding of the importance of sustainable regional development and the contribution of health to achieving it. It is lead partner for the EUREGIO III project and the development of an ongoing support programme for EU member states and regions.

HCN's **vision** for the future is dynamic regional health systems contributing clear added value to sustainable regional development throughout the European Union and beyond to potential candidate countries. HCN's **mission** is to work with partners and stakeholders to facilitating knowledge exchange, capacity building and technical support that helps close the gap between what we know and what we need to do in shaping the strategic and sustainable development of regional health systems in connection with EU policy priorities and intersectoral impacts.

The European Centre for Health Assets & Architecture (ECHAA) is a non-profit organisation based in the Netherlands. It was created recently to establish a European centre of reference and advice on all dimensions of capital asset strategy and how this merges with service design to help governments and other agencies achieve these aims. Its mission is to support and promote evidence-based policy decisions related to the contribution of the built environment to the health sector, by means of comprehensive and rigorous analysis of what works and what does not.

The **Health Services Management Training Centre** (EMK) is integrated into the Semmelweis Medical University, Budapest. The Semmelweis University is one of the oldest universities in Hungary and the Health Services Management Training Centre is one of its youngest, dynamic developing departments.

The primary goal of the training centre is to assist to the development of health services in Hungary and on international level by generating better management knowledge and practice. Through its activities the Centre generates learning and development opportunities, new knowledge and new understanding for those who work on the improvement of health services and health services organizations.

The **Department of International Health, University of Maastricht** (IntHealth) focuses on PH activities within and of the European Union (placing local, regional, and national health developments into a wider European and global perspective). The department is active in European projects (Public Health Program, Life Long Learning Program), addressing e.g. topics linked with cross-border issues, EU SF, PH Capacity Assessment, PH workforce development, syndromic surveillance and problems of accession countries in transition (esp. the Balkan countries).

The **Department of Public Health & Policy** of the Institute of Psychology, Health and Society (formed in 2010), **University of Liverpool** has two primary research aims:

- To increase understanding of the pathways leading from society to good/ill-health and from ill-health to social and economic consequences, especially concerning the generation of inequalities in health and in access to health services.
- To assess the impact of interventions at the community and population levels to reduce the identified inequalities in health and in health services and to promote health and wellbeing.

The Department's particular strengths are: a focus on intervention research to tackle social determinants of health and health inequalities; engagement with the policy and practice communities throughout the R&D process to ensure policy-relevance; and incorporation of the experiences of people in their day-to-day lives - hence the substantial expertise in qualitative work in the Department and hosting of the Social Science in Health and Medicine Research Collaborative.

The **Veneto Region** is actively involved in benchmarking its RHS with other health care systems across European MS as a way of improving the quality of the health services for their Citizens. It is represented in EUREGIO III by the Office of International Projects **Local Health Authority n° 10** (ASSL 10).