Health and Structural Funds: Effective use of ESI Funds for health investments in the programming period 2014-2020

Workshop 2. 6. 2015

Brussels
Foreword

Between 2013 and 2015, project “Effective implementation of ESIF Funds for health investments in the programming period 2014 – 2020” has been running.

Project has consisted of three main parts:
- Mapping of ESIF investments
- Preparation of outputs: Guide and several Toolkit documents
- Roll-out to twelve European countries

Webpage www.esifforhealth.eu has been launched

This presentation summarizes the outputs elaborated within the project
Agenda

Introduction of work packages:
1. Summary of project objectives and outputs
2. Guide for Effective Investments
3. Technical Toolkit
4. Dissemination: workshops and websites
I. Introduction of the project and outputs
The project was aimed at providing assistance in the area of healthcare to EU Member States in the programming and implementation of European Structural and Investment Funds (ESIF) in the new programming period 2014 – 2020. Specifically:

- To support the Member States and their efforts to tap into the potential of ESIF 2014 – 2020 for health investments and to manage ESIF support for health in a better and more effective way
- To build knowledge of the implementation of ESIF for health in the new programming period 2014 – 2020
Project background

The project builds on two key documents:

- **Toolbox for effective structural funds investments in health 2014 – 2020** as developed by Subgroup 2 of the Reflection Process on modern, responsive and sustainable health systems that was conducted in the Council of the EU under the auspices of the Working Party on Public Health at Senior Level
  
  [Electronic version in various languages available at the website of the Council of the European Union]

- **Policy Guide for Health Investments by European Structural and Investment Funds 2014 – 2020**, developed by the European Commission (DGs SANCO, REGIO, EMPL)
  
  [Electronic version in English available at the DG REGIO website]
## Project outputs

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**WP 4: Roll out to Member States: Website, country visits, regional workshops**
WP1 Mapping report

Objective:
► Give a **complete picture of health investment** under Structural Funds / ESIF in EU Member States for the period 2007 – 2013 and the period 2014 – 2020 (planned actions)
► Provide **entry information** for the Guide, the Toolkit and the Roll-out phase

Activities:
► Collect information on health investment under SF made in 2007 – 2013 in individual Member States, including total allocations of SF for health investment and examples of concrete projects
► Interviews with MAs / Ministries of Health representatives on past investment as well as future priorities
► Analysis of Partnership Agreements and operational programs adopted by EC

Deliverable:
► **Report summarizing areas of health investment** under SF / ESIF, identifying main categories of investment in 2007 – 2013 and main priorities for 2014 – 2020
► **Country sheets** describing health investment in individual Member States
► The report will be updated in autumn 2015 once all OPs have been adopted by EC
II. Guide for Effective Investment
WP2 Guide for effective ESIF investments in health

Objective:
Elaborate a practical Guide for Member States’ authorities that will enhance effectiveness of investment in health in the programming period 2014 – 2020

Activities:
- Analysis of a set of case studies on health investment
- Interviews with managing authorities and Ministries of Health on successful and even unsuccessful projects and their experience
- Identification of critical success factors
- Summary of lessons learned (Do’s and Don’ts)
- Design of a set of recommendations

Deliverable:
Recommendations on practices that lead to efficient setup of actions in health area financed from ESI Funds under the new programming period 2014 – 2020
# Guide for effective ESIF investments in health

## Structure

**Part I: Theoretical background**
- Today’s EU health systems
  - Challenges
  - Sustainable concepts
- Health funding in 2014 - 2020 PP
  - Funding principles
  - Health actions under thematic objectives

**Part II: ESIF programming & implementation**
- Models of MoH involvement in the operational programmes
  - Intermediate body
  - Subject matter expert
- MoH involvement in OP delivery:
  - Calls for proposals
  - Projects preparation and delivery
  - Evaluation & monitoring

**Part III: Lessons learned**
- Main causes of investment inefficiency
- Recommendations in areas considered as critical success factors based on case studies, interviews and EY’s experience
- Case studies summary
Principles of effective coordination
2014 – 2020 health context
ESIF level

► Health is eligible for funding under 2014 – 2020. However there is no thematic objective exclusively dedicated to health.

► Health related issues could be identified in most of the 11 thematic objectives

► Direct investments
Investments directly targeted on health care (HC) issues and reforms; within direct investments MoH is usually formally involved in implementation.

► Indirect investments
Investments not directly targeted on HC, but health care subjects might apply for funding from them; MoH usually has no formal competencies in implementation of this group.

► The aim of the Ministries of Health (resp. of Ministries of Social affairs where applicable) shall be to maximize implementation of ESIF opportunities for health care under legal conditions (EC Guidelines, 3E) and with respect to Europe 2020 as well as national strategic framework (incl. Partnership Agreement).
2014 – 2020 health context
Scheme of 2014 – 2020 health investment framework

Illustrative scheme
Roles of the MoH in health investments funding from ESIF

Ministry of Health in implementation structure of operational programmes in 2014 – 2020 in three possible roles:

► Intermediate body (Delegated Act)
  ► Ministry of Health in the role of an intermediate body (responsible body) has a direct influence on the designing and delivery of the OP (or more specifically its priority axis relevant for health) and funding of selected strategic health priorities
  ► Being a responsible body is a complex task and impose a commitment on MoH to ensure/build sufficient administrative capacities to be able to efficiently manage implementation of ESI Funds

► Subject matter expert / Coordinator (Memorandum of Understanding)
  ► Role of a subject matter expert is in place at areas that are not specifically devoted to health, but where health entities could implement ESIF to contribute to achieving strategic health priorities
  ► Ministry of Health in the role of a subject matter expert could support MAs or relevant IBs during the whole programming life-cycle

► Beneficiary of important strategic projects (Grant Agreement)
  ► In case of a large projects of a strategic importance, MoH might get in a position of a beneficiary from OPs not managed by MoH
  ► Being a beneficiary responsible for implementation of important strategic projects impose a commitment on MoH to ensure/build sufficient management capacities to be able to efficiently manage the investment
Organizational set up
Good practices identified

1. Coordinator of health care system development
   i. Specialized department at MoH dealing with horizontal and vertical coordination of investments in health = hereinafter indicated as a department for coordination of health strategy implementation
   
   ii. External coordination platform bringing together the above mentioned department with representatives of regions to ensure horizontal cooperation = hereinafter indicated as a coordination committee

2. Implementation structure of respective OPs
   i. Function of Intermediate Body in responsibility of department solely focused on EU Funds implementation and management = hereinafter indicated as a department for EU Funds
   
   ii. Implementation of projects financed from ESIF (beneficiary) in responsibility of relevant departments or eventually Project management office (PMO)

The above mentioned roles should be institutionally detached and shall not overlap
Possible roles of the Ministry of Health in 2014 – 2020
Schematic overview

Illustrative scheme

Strategic priorities

- SP 1: OP Administrative reform
- SP 2: OP LLL & HRD
- SP 3: OP technical assistance
- SP 4: OP Environment
- SP 5: Regional OP 1
- SP 6: Regional OP 2

Funding areas

- eHealth
- Medical staff development
- Capacity building
- Energy efficiency
- Improve access to health care
- Development of specialized centers

Coordination with OP MAs

- MoH as possible Intermediate Body
- MoH as possible Beneficiary
- MoH as a subject matter expert supporting implementation

Implementation of strategic health priorities

Coordination with OP MAs
Guide for effective ESIF investments in health

Critical success factors

1. Strategy development
2. Capacity building
3. Partnership building
4. Financial planning
5. Procurement management
6. Monitoring & Evaluation
7. Investment sustainability
Critical success factors
Strategy development

Problems

► Lack of real public health strategy
  ► Absence of clearly defined priorities
  ► Investments are not focused on achievement of clear objectives (duplicities and overlapping of funding)
  ► Investments do not generate any tangible results (there are no health gains and no improved cost efficiency of health sector)
  ► Unsustainability of the investments
  ► Lack of project progress or project disruption in case of changes in political environment
  ► Lack of coordination in strategy development
    ► On various levels of public administration
    ► For different types of health care (outpatient x hospital care; primary x specialized care)
    ► On cross-regional and cross-border level

Recommendations

► Develop an overarching public health strategy based on evidence and centered around a patient oriented approach
  ► Coordinate the strategy-making process to make the strategy broadly accepted and relevant
    ► Identify & involve stakeholders
    ► Know other existing and developing strategies
  ► Ensure balanced and complementary approach to maximize investment effects
    ► Infrastructure development
    ► Human resources development
    ► Prevention and health promotion campaigns
  ► Identify financial resources and select priorities to be financed from ESIF
Critical success factors
Capacity building

Problems

► Lack of qualified human resources for efficient programme implementation at the Ministry of Health, especially when it plays the role of intermediate body:
  ► Inadequate knowledge of relevant OP(s)
  ► Inadequate skills in project and financial management
  ► Lack of experience with health strategies implementation
  ► High fluctuation rate of employees
► Lack of information and guidance for applicants and beneficiaries
  ► Insufficient information about publishing a call for proposals among potential health sector applicants
  ► Insufficient support of applicants in the phase of project preparation and implementation

Recommendations

► Preparation of standard educational plans for capacities of Ministry of Health, MAs, intermediate bodies in the field of: Structural Funds, health policy, project and financial management
► Individual educational plans corresponding to specific needs of individual employees
► More extensive use of technical assistance resources for education
  ► Standard staff education
  ► Exchange of experience and cooperation with foreign partners
► Securing of qualified and skilled MoH capacities capable to support managing authorities in the area of health expertise
► More active role of MoH in building absorption capacity among potential beneficiaries
► Personal contact with beneficiaries and the staff of intermediate body
► Better strategy of staff recruitment
Critical success factors
Partnership building

Problems

► Insufficient involvement of relevant partners in development of strategies:
  ► Health care strategy
  ► Partnership Agreement
  ► Operational programmes

► Insufficient involvement of all relevant partners
  ► Public
  ► Experts
  ► Foreign partners

► Shortcomings in management of partners in implementation of strategies, programs and projects
  ► Insufficient consultation and information sharing processes set-up
  ► Unclear roles and responsibilities
  ► Inflexible decision-making process

Recommendations

► Gain wide range of relevant partners through their careful identification and invitation

► Introduce formalized system for cooperation among partners, which will be consensually adopted
  ► Clearly delimit the roles and responsibilities of individual partners

► Decide on the decision making process, favouring flexible forms ensuring at the same time wide acceptance

► All key decisions and changes consult with partners and try to find consensus

► Designate a responsible for stakeholder management

► Learn to understand individual partners’ and group of stakeholders’ needs
Critical success factors
Financial planning

Problems
► Insufficient detail of a **project business case**
► Inappropriate use of various **techniques for financial planning and investment appraisal**
  ► Cost-benefit analysis, cost-effectiveness analysis
  ► Health technology assessment
  ► Health impact assessment
► **Incorrect evaluation of project applications** for funding where even project applications with insufficient detail and low value added of investments were accepted for funding
► **Project costs overruns** which might seriously threaten project sponsor’s ability even to finish the project
► **Problems with ensuring project sustainability** in case the operational costs during the sustainability phase were not planned for or identified properly

Recommendations
► **Clearly set the main principles of financial planning and investment appraisal** and require their systematic application
► Require use of **evidence-based approach**, i.e. support your financial estimates with existing similar project costs and calculations
► Monitor the **financial performance data** periodically to be able to identify any possible problems in time
► Ensure **capacities with adequate knowledge and expertise in the field of financial planning** of health projects and **health investment appraisal methods** through the capacity building process
► Set **criteria for project applications** evaluation and selection to ensure only **financially realistic, achievable and cost-efficient projects** are supported
Critical success factors
Procurement management

Problems

► Too complex and frequently changed procurement laws, disparities across OP
► Erroneous procurement (typically in case of health instrumentation / technology purchases):
  ► Discriminatory conditions
  ► Not enough specific conditions
► Unsuitable scope of the tender
  ► Too broadly defined contract, combining unrelated items (excludes specialized suppliers)
  ► Subdivisions of contract
► Insufficient knowledge and experience with public procurement of contracting authorities and suppliers
► Insufficient support of beneficiaries – contracting authorities from the side of administrative capacities of managing authorities / intermediate bodies

Recommendations

► Define clear, concise and easy-to-follow programme-specific procurement rules, coordinated across all country’s OPs
  ► Avoid frequent changes in procurement rules
► Provide administrative support to beneficiaries acting as a contracting authority in form of guidebooks, templates, forms, tutorials and trainings
► Set up sufficient administrative capacity in order to avoid delays in the tendering process
► Consider ex-ante reviews of tender specifications if sufficient expert capacities are available
► Engage health care experts (as well as IT experts, engineers etc.) in preparation and review of the technical specifications.
► Require estimated value in an evidence-based manner, supported by market research and involve experts to consider the usual market prices
► Avoid subdivision of related items into separate tenders, but do not link large contracts with various components into one tender
Critical success factors
Evaluation and monitoring

Problems

► Lack of data or their insufficient quality to monitor progress made
► Unclear definitions of indicators and resulting inconsistency in data makes it impossible to evaluate the real impact of the intervention
► Untargeted support or support of measures, which do not lead to objective achievements
► Inner inconsistency of supported measures
► Inexistent identification of causes of negative consequences and of insufficient outcomes of interventions
► Insufficient information for qualified decision-making

Recommendations

► Select relevant and unambiguous indicators for monitoring
► Involve Ministry of Health representatives and other health care expert into the monitoring committee
► Use evaluation not only for OPs, but also for assessment of:
  ► Health strategies
  ► OPs’ priority axes and calls for proposal relevant for health
  ► Health programs and projects
► Set up the objectives of each evaluation, relevant timing and methods
► Improve the quality of evaluators through systematic education and experience sharing
► Evaluation should take place in all stages of the investment process
► Design measures to take in reaction to the evaluation results
Critical success factors
Investment sustainability

Problems

► **Higher operational costs** than expected in investment planning:
  ► Too high treatment costs for using the new technologies and equipment

► **Insufficient pool of patients** requiring treatment with the new thus more expensive equipment

► **Medical personnel not properly trained** to use new equipment, eHealth and treatment and diagnostic methods

► **Investments do not reflect the current mid- and long-term trends** in health care

► Little attention is given to **health promotion and prevention programs**

Recommendations

► Measure and monitor **sustainability** of health investment before its implementation

► **Assess future operating costs** of investment actions

► Prioritize investment actions according to their sustainability - **include “sustainability” into project selection criteria**

► Assess sustainability in terms of availability of qualified and adequately trained **human resources**

► Promote projects aimed at:
  ► Monitoring healthcare effectiveness
  ► Adopting healthcare guidelines and standards (i.e. for prescriptions)
  ► Reduction of unnecessary use of specialists
  ► Health prevention and promotion
III. Technical toolkit
WP3 Technical toolkit

Objective:
- Develop a set of tools supporting the national authorities in achieving sustainable and effective investments in health under ESI Funds, which accompany the Guide

Deliverable:
- Set of documents providing a technical advice on key issues related to investments in health under ESI Funds

Technical areas covered by the Toolkit:
- Introduction of 2014 – 2020 instruments & mechanisms and evaluation of their relevance for health area
- Reference checklist on calls for proposals for officials involved in managing 2014 – 2020 funding in health
- Useful indicators for objective evaluation of projects/actions in healthcare
- Compendium of new concepts and models in healthcare
- Capital investment management manual
- Appraisal techniques and evaluation of their relevance for health investment evaluation
- Reflection of additional issues raised by Member States during national visits
Categorization of instruments and mechanisms for 2014-2020 PP

**Instruments**

- **Forms of support under ESIF**
  - Grants and prizes
  - Financial instruments

- **Specific territorial approaches to development under ESIF**
  - Integrated approach to territorial development (CLLD, ITI, Integrated Sustainable Urban Development)
  - European Territorial Co-operation

- **Community programmes**
  - Horizon 2020
  - Health Programme

**Mechanisms**

- **Funding mechanisms**
  - Delivering the Europe 2020 strategy goals
  - Synergies, coordination and complementarities
  - Thematic concentration
  - Strong result orientation
  - Performance reserve based approach

- **Cohesion policy principles**
  - Concentration
  - Programming
  - Partnership
  - Additionality
Management of calls for proposals

► Preparation of an indicative timetable for calls
  ► OP Performance framework, milestones values
  ► Absorption capacity
  ► Synergies and complementarities

► Set-up and public announcement of individual calls
  ► Use targeting on specific health themes
  ► Raise awareness among health subjects about funding possibilities

► Evaluation of calls
  ► Reassessment and update of calls timetable and their focus

Project applications assessment

► Assessment process
  ► administrative check
  ► eligibility check
  ► quality assessment

► Design of quality assessment criteria
  ► Impact on cost-efficiency and sustainability
  ► Capacity to reduce inefficiencies in access to care and health status
  ► Need for the project (relevance)
  ► “Value for money”
  ► Feasibility

► Risk analysis

► Selection of projects for funding

► Award of funding
## Toolkit

### Set of indicators for final evaluation of action

#### Indicators in ESIF context

- **Operational Programmes indicators**
  - Financial indicators
  - Output indicators
  - Result indicators

- **Requirements on Output indicators**
  - Common output indicators
  - Programme specific output indicators

- **Requirements on Result indicators**
  - Responsive to policy
  - Normative
  - Robust
  - Data collection possible in timely manner

#### Indicators to evaluate ESIF health action

- **Indicators per main categories of health actions eligible for ESI funding**
  - eHealth
  - Health infrastructure & community based care
  - Access to healthcare
  - Health workforce
  - Prevention, promotion and healthy aging
  - Health status

*Indicators based mainly on existing indicators monitored by:
  - Eurostat
  - DG Sanco (European Community Health Indicators - ECHI)
  - National statistical offices*
## Toolkit
Compendium of (new) concepts and models

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Use of information technologies in health care

**eHealth concepts**

- Cost- and time-effective means of health care provision through integration of all relevant patient information and medical processes
- Stands for electronic storage, exchange of patient data and the provision of health care by electronic means

1. **Electronic health records** - (i) Information about individuals’ lifetime health status that can be found in one place and can be shared across different medical facilities and (ii) creates a more efficient, convenient and more cost-effective delivery of care.

2. **ePrescription** - Consists of two tightly connected processes: (i) ePrescribing – prescribing using electronic software and (ii) eDispensing – act of electronic reception of the prescription by the pharmacy and dispensing it to the patient. Has a high impact on effectiveness, quality and sustainability of medical care through.

3. **Telehealth** - Reduces hospitalization and general practitioner or specialist visits, time and improves access to health care particularly for elderly or disabled people: (i) Telemedicine - refers to health care services at a distance, where interaction between the health care provider and the patient is needed and (ii) Telecare - based on patient monitoring using telephones, computers, videophones, alarms and other portable or wearable system.

4. **mHealth** - medical and public health practice supported by mobile devices; allows collection of medical, physiological, lifestyle, daily activity and environmental data; potential to serve as a basis for evidence-driven care practice; saves time of health professionals spent on analyzing information.

5. **Networking and knowledge sharing** - includes for example health information system for citizens in order to increase health literacy, virtual health care teams which consist of health care professionals who cooperate and share information on illnesses and patients through digital equipment.
Cost-effectiveness of care

Cost-effective use of medicines

- Worldwide problem of ineffective use of medicines:
  - Prescription of overpriced medicines
  - Use of an excessive number of sometimes unnecessary medications (polypharmacy)
  - Inappropriate self-medication
- Use of less expensive equivalent (generic) drugs
- Set of prescription guidelines to prevent misuse and unnecessary use of medicines (e.g. antibiotics)
- Awareness about medicines and better literacy will allow patients to better manage their medication
- Transfer of information between the health care units participating in the care of the patient will help to lower the number of unnecessarily prescribed medicines

DRG: Diagnosis-related group

- **Patient classification system** which assumes that the treatment of patients with the same diagnosis will require a *similar or identical diagnostic and therapeutic algorithm*
- Financial benefits:
  - Using DRG funding as a fixed payment per case in a specific DRG
  - Budget set up based on the measurement of production by DRG
- Management benefits:
  - Access to provided care through clinically and economically comparable units
  - Tool for measuring the outputs
  - Tool for measuring the quality of the provided health care
  - DRG allows professionals with a different focus to better communicate (e.g. communication between economists and doctors)
  - DRG allows comparison of different HC providers on their performance activity
Transformation of care delivery

Deinstitutionalization

► Process of gradual reduction in specialized institutional care for patients
► Potential contribution to elimination of the increasing costs caused by the ageing population
► Patient-centered care solutions and personalized care for chronic and long-term care needs
► Deinstitutionalization consists of two main areas:
  ► Cost-effective path of care which strengthens the primary care
  ► Community based care

Strengthening of primary care

► **Cost-effective path of care** should always lead **from primary care to secondary care** and then, where appropriate, **to tertiary care** (highly specialized consultative health care). Benefits:
  ► Reduces the unnecessary use of specialist care
  ► Reduces inpatient hospital care
  ► Takes care of patient’s disease prevention
  ► Ensures patient follow-up care after secondary care
  ► Links patients to social care
► Requires to make primary care more attractive to both patients and practitioners

Community-based care

► Community-based care is especially contributive to:
  ► Seniors dependent on long-term care
  ► People with disabilities
  ► People with mental health problems
► Lower costs of ambulatory care and care provided to patients home compared to costly hospital / medical institution care
► Provides better outcomes in terms of quality of life in contrast to institutional care causing long-term social exclusion and segregation of the patients
► Community-based services include:
  ► Personal assistance
  ► Respite care
  ► Family-based care
  ► Hospital at home
  ► Independent living
Investing in people’s health

Active and healthy ageing
► Stands for the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age
► The health status of individuals strongly influences their labour market participation
► Health sustaining activities prevent costly health care and lower dependency burdens
► Activities improving the employability of older people also enable people to work longer and retire more gradually

Health promotion
► Stands for the process of enabling people to increase control over, and to improve their health
► Raises awareness of health risks and how to prevent them

Patient empowerment
► The concept aims to enable and encourage patients to take control of their health needs through their own health decisions and self-selected changes to their lifestyle. An empowered patient:
  ► Understands his health conditions and the need to make necessary changes to his lifestyle
  ► Feels able to participate in decision making with his health care professional and to make informed choices about treatment
  ► Takes responsibility for his health and actively seeks care only when necessary

Health prevention
► Stands for the process of enabling people to increase control over, and to improve their health
► Potential for cost savings for subsequent (secondary or tertiary) care and cure and the improvement of the individuals’ health allowing them to live a more active and independent life
► **Primary prevention** aims to avoid occurrence of disease through:
  ► Eliminating disease agents
  ► Increasing resistance to disease
► **Secondary prevention** aims to detect and treat a disease early on and attempts to prevent asymptomatic disease from progressing to symptomatic disease
► **Tertiary prevention** attempts to reduce the damage caused by symptomatic disease by focusing on mental, physical, and social rehabilitation
Investing in reducing health inequalities breaks the vicious spiral of poor health contributing to, and resulting from, poverty and exclusion.

Health inequalities represent:
- Waste of human potential
- Huge potential economic loss

Reasons:
- Barriers in access to health care
- Social status / mental state

Barriers in access to health care can be removed through e.g.:
- Use of ICT in health such as telehealth or mhealth
- Improved health care territorial cover
- Cross border care

Inequalities caused by social status / mental care can be removed through contribution towards reaching Europe 2020 poverty and social exclusion target

Specific activities addressing health inequalities:
- Ensure physical activity possibilities in poorer regions / areas
- Address risk factors that are particularly prevalent in disadvantaged population groups (e.g. tobacco consumption)
- Set up, improve or expand local health care basic services (including infrastructure) for the rural population
- Support to better living and housing conditions for vulnerable groups:
  - Access to acceptable standards of housing and indoor temperature
  - Access to sanitation and water which meets EU standards
- Bring innovations to the care system to improve patients’ health literacy
## Toolkit
Manual on capital investment

### Strategic investment guide

- **Capital investment planning**
  - Strategy identification
  - Financial planning
  - Project definition
  - Risk management

- **Capital investment implementation**
  - Ministry as an Intermediate Body
    - Preparing Project Requests and Call for Proposal
    - Reviewing and Prioritizing Project Requests
    - Implementation
  - Ministry as a beneficiary
    - Project request preparation
    - Investment implementation

- **Capital investment sustainability**

### Categorization of financial mechanisms

- **Other sources of funding apart from ESIF**
  - Loans / Guarantees
  - Equity / Venture Capital
  - Initiatives of EC
    - JESSICA
    - JEREMIE
    - JASPERS
    - JASMINE
  - Combinations of the instruments
  - PPP
### General principles of economic appraisal

**Key process steps:**

1. Problem identification & definition
2. Definition of alternatives for problem solution
3. Assessment of costs and benefits
   - List all the costs and benefits
   - Quantify/describe all the costs and benefits
   - Converse data into value of resources
4. Calculation which will strongly depend on the type of economic appraisal
5. Decision-making

### Investment appraisal techniques

**Quantitative assessment techniques applicable to health investments**

- Cost Benefit Analysis (CBA)
- Option Appraisal (OA)
- Cost Consequence Analysis (CCA)
- Cost Effectiveness Analysis (CEA)

**Qualitative assessment techniques applicable to health investments**

- Cost Utility Analysis (CUA)
- Health Impact Assessment
- Health Technology Assessment (HTA)
IV. Dissemination: workshops & websites
National visits design
Overview of selection criteria and participants

► Selection criteria
  ► Biggest total ESIF allocation 2014 - 2020
  ► SG 2 Members
  ► Lowest national health spending
  ► Lowest GPD per capita

► Selected countries for national visit
  ► Bulgaria
  ► Croatia
  ► Czech Republic
  ► Estonia
  ► Greece
  ► Hungary
  ► Latvia
  ► Lithuania
  ► Poland
  ► Portugal
  ► Romania
  ► Slovakia (pilot)
National visits design
Organization

- **One day workshop** organized by the Ministry of Health in respective country

- **Participants** - representatives:
  - Ministry of Health - dept. dealing with ESIF, dept. dealing with health care strategy, representatives of beneficiaries
  - Managing Authorities of relevant operational programs
  - Other entities involved in the ESIF implementation structure
  - Regions

- **Agenda**
  - Introduction of outputs of the project
  - Topics chosen by the country representatives as most relevant out of the list of topics (based on Toolkit and Guide)
  - Case study / Group activity

- **Timing** - June - November 2015
Feedback from national visits
Evaluation of feedback forms

The graph below summarizes feedback forms from workshops participants from:

1. Slovakia
2. Latvia
3. Lithuania
4. Poland
5. Czech Republic
6. Estonia
7. Greece
8. Croatia
9. Romania
10. Hungary
11. Portugal
12. Bulgaria

The knowledge acquired on the workshop will be useful for me in my future work
I liked the organization of the workshop
I was given some new information regarding ESIF in health in 2014-2020
The group activity helped me to think through / realize / identify… (varies with specific presentations)
The information provided was sufficiently detailed for my needs
I will use the Guide and Toolkit in my future work
The speakers presented the topic clearly and were attentive to the needs of participants
Regional workshops
Organization

- **Two regional workshops** - to steer the benefit of networking in country groupings and to support “roll out” to Member States. Platforms to test the tools developed within the project and present interesting case studies on efficiently managed health investments.

- **Location** - Prague (end of 1/2015) and Brussels (beginning of 2/2015)

<table>
<thead>
<tr>
<th>List of participating countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member State</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>Regional workshop</td>
</tr>
</tbody>
</table>

- **Agenda** - 3 blocks:
  1. Thematic case study - elaboration of an implementation plan of one the strategic goals (eHealth, community based services) incl. potential financing from ESIF
  2. Identification and prioritization of risks related to implementation of health priorities
  3. Discussion about possible forms of future cooperation of Member States
Regional workshops
Risk assessment

- **Risks** - assessment of 36 risks threatening implementation of health priorities (based on probability of occurrence and their potential impact).

- **Critical risks** foreseen by the participants:
  - Political instability
  - Missing, insufficient co-financing of health projects
  - Need analysis in the strategy does not reflect real problems of health care sector
  - Lack of capacities at beneficiaries’
  - Lack of sufficient skills at beneficiaries’ (PM, procurement etc.)

- **Widely discussed topics:**
  - Relevance of indicators set up in OPs and their consistency with indicators in health care strategy
  - Issues resulting from insufficient support from the MoH management and insufficient involvement in programming and implementation
  - Possible measures to prevent critical risks
  - Approaches to support and strengthen beneficiaries’ skills
Regional workshops
Models of future cooperation

► Participants’ expectations
  ▶ Share experience and examples of good practices, share contacts & networking
  ▶ Consultations on reforms in MS and implementation of EC health regulations at national level
  ▶ Enhancing cross-border cooperation
  ▶ Assurance of involvement of health issues in 2021+ programming period

► Organizational aspects
  ▶ All MS shall be invited to participate in the platform, however on a voluntary basis
  ▶ Flexible form of cooperation – communication via e-mails; meetings arranged based on need of participants, voluntary attendance at the meetings
  ▶ Need of a coordination was addressed – leading MS responsible for overall coordination
  ▶ Cooperation and coordination shall not be strictly limited on ESIF implementation

► Role of DG SANTE
  ▶ Cooperation might be under umbrella of DG SANTE
  ▶ One-stop-shop - providing explanation of unclear/newly launched EU regulation, information on health and possible sources of financing (not limited to ESIF)
  ▶ Mediation role between Member States and other EC bodies
  ▶ Establishment of working groups on different topics
Online platform
Introduction

Online platform (webpage)

Objective:
- Develop an online platform supporting the roll-out phase by allowing widespread dissemination of the deliverables and tools developed

Activities:
- Designing a suiting domain name
- Website design development
- Website content development
- Pilot launch & testing
- Public launch
- Website maintenance

Deliverable:
- A single point providing all the necessary information about funding of health from ESIF in 2014-2020 and the most up-to-date versions of project outputs
Online platform
Website content & structure

I. Website content:

► **News** containing information about workshops / updates or most up-to-date issues

► **Project introduction & background information**

► **General introduction of EU Cohesion Policy 2014-2020** principles & mechanisms

► **Indicative list of health actions** under thematic objectives for the 2014-2020 programming period

► **Mapping of use of SF/ESIF in health** across EU Member States:
  > areas of health investments in 2007-2013 PP
  > areas of health investments in 2014-2020 PP

► **Downloadable project outputs:**
  > Guide
  > Toolkit
  > Training materials from national workshops
  > Frequently asked questions (FAQs)
  > Useful contacts

Website functionalities:

► **Search engine**

► **Drop-down task bar**

► **Quick navigation Bar**

► **Links on useful European Organizations**

► **Downloading of files published through the website**
Thank you for your participation!

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