ESI Funds for health
Building knowledge & capacities

Workshop Report

Access to healthcare
27-28 September 2018
Tavira, Portugal

September 2018

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Introduction

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

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

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

Key messages from the event

Based on the presentations and discussions, the following are the key messages stemming from the two-day event:

- The ESI funds are supporting many opportunities to pilot, scale-up and support cross-country and cross-sectoral collaborations of promising interventions that improve access to healthcare. Such interventions enable the development and share of new cross-sectoral collaborations and models in the health and social fields and they have also reinforced multi-level collaboration (e.g. national, regional and local authorities collaborating to enhance access to health services)
- The participation of the health and local communities was considered one of the major success factors of projects. However, more could be done to facilitate a systematic and transparent system for the involvement of stakeholders during the programming and implementation of ESI Funds.
- By complementing national funds for improving access to healthcare, ESI Funds are playing an essential role given existing fiscal pressures on national budgets and the increasing need for healthcare and mounting health inequalities.
- The diversity of the health needs across EU regions provides a rationale for investing in regional and local interventions and infrastructure apt to support health opportunities and good health and social outcomes. Projects supported by the ESI funds tend to tailor to very specific regional

and local health and social needs as well as to functional aspects of well-being, especially the ability to work and to fulfil social roles and address specific needs of vulnerable and isolated populations (as exemplified by the case of the Portuguese host project).

- Measuring access to healthcare is a complex but also essential task to keep track of progress. However, not only the development of good and specific indicators for ESI Funded projects is essential to measure their contribution to access to healthcare; measurement and tracking can also facilitate the synergies between ESI Funds, national and other funding available for this area.

Main findings and conclusions

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

The ESI Funds for Health project has identified 7,404 ESI Fund health-relevant investments, of which 923, or around 12% of the total support the theme of access to healthcare[1]. In terms of investment, these projects represent EUR 1.3 billion[2] with an average project budget of EUR 1.5 million.

16 Member States have programmed investments in the area of access to healthcare. Most of these projects (385, or 50%) are in Germany, with a significant number of projects also found in Italy (91 projects), Greece (81), Hungary (80), and Poland (52). Interreg A programmes also include 35 projects on the theme of access to health. An overview of the projects within the Member States is provided in figure 1.

Figure 1: Improving access to healthcare projects per Member State and INTERREG programme
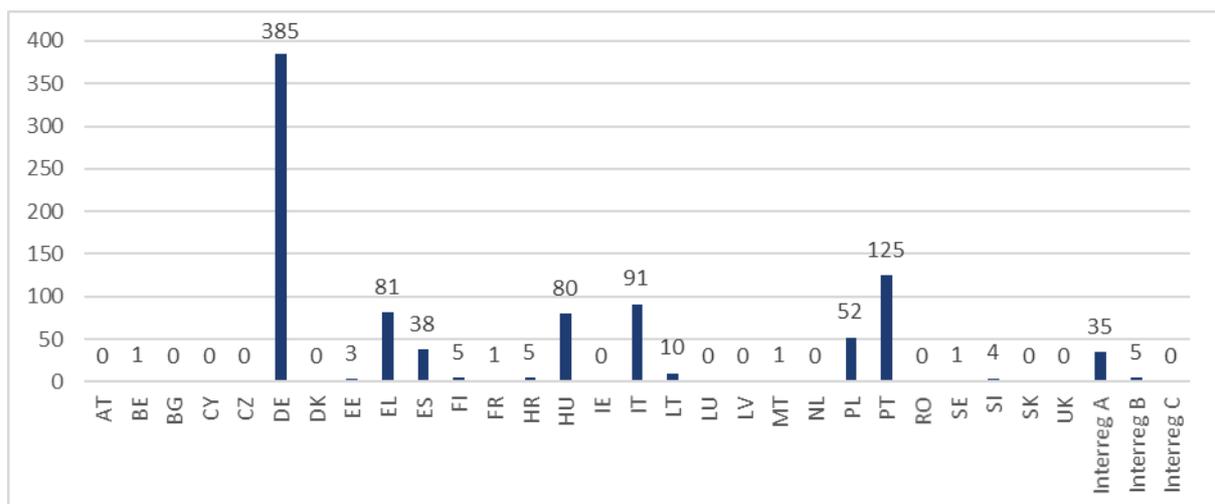
However, the largest spending on improving access to healthcare projects does not appear in the countries with the largest number of projects. Apart from Portugal and Hungary, which host a considerable number of improving access to healthcare projects and spend the largest budget on them (around EUR 386.6 million and EUR 263 million respectively), the Member States with many projects do not spend large amounts of funding. Although Germany has 385 projects on access to healthcare, these projects are relatively small and amount to only EUR 3.6 million in total. Italy and Greece also spend a small amount of funds on their numerous improving access to healthcare projects, around EUR 18 million and EUR 7 million respectively. Croatia has the third largest budget

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[1] For a comprehensive overview of the statistics of the project see the thematic mapping document published on the project website: http://www.esifundsforhealth.eu/explore-health-theme
[2] Based on the budget information available for 92% of the projects in this theme.

for thematic block 1 projects of nearly EUR 217 million. However, it is not clear whether these amounts are only earmarked or actually spent. A significant budget, around EUR 62 million, for improving access to healthcare is actually distributed through the INTERREG A and B cooperation programmes. Further details about the total budgets of thematic block 1 projects are presented in Figure 2.

Figure 2: Total budget of improving access to healthcare projects per Member State and INTERREG programme
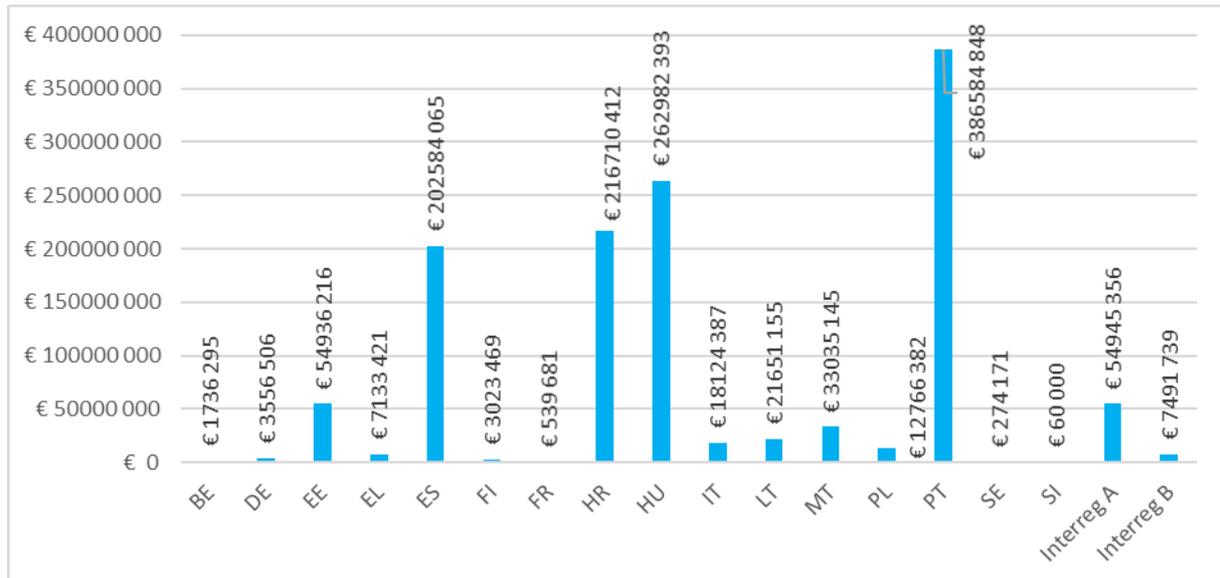
Many projects support interventions aimed at improving skills and capacities of health workers (e.g. many similar but small training projects funded in Germany). Other projects aimed at improving health infrastructure and facilitating access of specific groups to health services.

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

- How are the projects reflecting national and regional-level strategic approaches to access to healthcare?
- What is the priority attached to access to healthcare?
- How are these projects designed?
- What are the key challenges and success factors?
- Are there other important factors that have not yet been picked up by the ESI funds for health project that should be included in the final report on the access to healthcare theme?
- What can be done in the current and upcoming MFF to ensure key e-health related priorities are supported by the ESI funds?

The answers to these questions, as well as other key issues that emerged during the discussion are considered critical for the ESI Funds for Health project final report, which aims to draw conclusions about the extent to which current ESIF spending in the area of health supports strategic policy goals, as well as learn lessons about how projects are designed and implemented and draw conclusions and recommendations for how spending can be improved in the area of health.

Key conclusions from the peer review (Day one)

- By discussing the example of the host project, a number of opportunities and challenges were identified such as the need to adapt existing resources (e.g. health professionals, health infrastructure) to the local needs. For these purposes, additional funds and strategic, politically-driven direction are needed, while ownership and leadership bottom-up are also key to contribute to the EU added-value of the funds.
- The unique selling value of the ESI Funds goes beyond offering (additional) financial support; ESI Funds can contribute to scaling-up of (existing) services and enabling fruitful collaborations between relevant health actors. The ESI Funds in this area were seen as a positive way for municipalities to reinforce the collaboration with other public authorities (e.g. regional and national).
- In order to overcome many of the (anticipated) challenges, the end beneficiaries (patients) were involved and consulted on their needs. While beneficiaries were mostly consulted throughout the project, their participation is needed as early as possible. The participation of the health and local communities was considered one of the major success factors of projects; furthermore, the projects falling under the theme of 'access to healthcare' were found to aim to consolidate a multidisciplinary approach to health, co-creation and management, and to complement gaps in existing models of care.
- Small-scale projects generated such positive effects that they attracted enough attention and support to be rolled-out to apply to a more general population.
- Intersectoral planning enabled to include the social sector and affected communities in design and implementation. However, finding a common ground for collaboration was still challenging.
- ESI Funds in this theme can support social and territorial cohesion - investment in health and social infrastructure that contributes to national, regional and local development, to reduce health inequalities, promote social inclusion, through better access to social services, and for the transition from institutional to community services.

Key conclusions from the thematic workshop (Day two)

The thematic workshop had two main parts:
1. The first part of the workshop featured presentations from two representatives of the European Commission's DG SANTE. The Commission's presentation discussed how the European Union is cooperating with Member States to support the use of ESI Funds in the health area. The presentation also touched on the complexity of access to healthcare and how the proposal for the next MFF will continue to address the challenges in this area.
2. Experience working with ESIF-funded projects – this second part gave participants an opportunity to exchange experiences, share good practice and common challenges. It featured a presentation from Milieu about their research into the use of ESIF for health projects, short presentations by the projects that participated in the peer review, a presentation by a representative of EuroHealthNet on the proposal for the next MFF and a participatory session where all participants were encouraged to share and discuss their experience.

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

Key conclusions

- One of the enabling conditions (ex-ante conditionality) for projects funded by the ESI Funds, requires having a health strategic framework. This strategic framework can address health issues from a multi-angle perspective, including extending the health focus to social services support, 'soft' infrastructure, or enhancing institutional capacity of public authorities and stakeholders, and foster efficient public administration.
- Further success factors identified were community and staff engagement, personal sense of purpose and impact, evidence of impact from the systems and beneficiaries' level, leadership and political support, strategic thinking and links with a wider system, technological and digital capacity, and last but not least long-term goal to maintain and scale-up the services.
- The future-proofing and strategic thinking, evidence-based and informed support seem to be an important factor to ensuring projects' success, as well.
- From a sustainability perspective, some of the projects are developing future business models that could extend projects financing and scale-up in the post EU-funding period. Several challenges were discussed, including the need to secure the ESI Funds, choices behind focusing on particular subjects (such as 'access to healthcare' in this case), challenges in developing and writing the proposals of initiatives that are often cross-sectoral and finding ways of using the EU funds to address emerging health and societal needs through sustainable approaches and solutions designed and delivered closer to citizens and communities;
- The funds gave the projects a sufficient boost for piloting and implementing the early stages of projects. This was seen in many cases as an important political message to make sure certain issues are taken care of and put higher on the agenda.
- The issue of cross-sectoral and public-private collaboration was discussed. While some managing authorities encourage both public and private involvement, few systematically engage civil society actors such as patients' groups through institutionalised and transparent approaches. In other regions or settings mixing public and private funding is discouraged.

Annex 1: Peer review presentation and discussion summaries (Day 1)

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

Presentations

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

- Dr Morgado began by explaining how diverse health needs pose a big challenge for delivering primary care services the Algarve region. For instance, there is a higher infant mortality in rural areas of Algarve compared to other rural areas of Portugal. In addition, there are some specific issues that need better attention - cancer, infant mortality, ageing related conditions, suicide rates higher than average, malignant tumors, pneumonia, breast cancers, CVDs, chronic liver diseases. Overall, there were 4 main challenges or triggers for the project on proximity (mobile) healthcare units: age, isolation, low-income and lack of transport.
- Given these needs, there is a growing need for prevention and primary care and it is especially important to reach out to people in difficult social situations and living on remote and isolated geographical areas.
- The project was implemented through a close collaboration within the region and local authorities. The beneficiaries are the regional administration authority, inter communal network, municipalities, in the first stage 7-8 of them, then 4 more added - currently 10 mobile units through 18 municipalities
- The aim is to increase access to high-quality healthcare for people.
- An important challenge as well as an eventual success factor for the project was the knowledge about the specific population the project is supporting. Rural populations tend to emphasise functional aspects of health, especially the ability to work and to fulfil social roles - relevant for agriculture, food production. In this context, health interventions assume a key role to enable people to keep participating in their daily life and contribute by fulfilling their social roles, which is an important aspect for healthy ageing.

The presentation was followed by discussion about the following issues
- The profile of the team on the mobile units. There is a doctor and nurse, but the profile of the team is adaptable to add physiologist, psychologists, to have a more personalised approach and to meet local health needs.
- The medical equipment in the units. There are some diagnostic tools, which allow to do simple tests like blood tests, diabetes. More could be added in the future and the coordinators were looking forward to having more feedback on this aspect.
- Types of services provided. While the proximity units are mainly about primary care; prevention is another key aspect, so some screenings will be done closer to the people.
- Managing the infrastructure in terms of setting up schedules, allocating budgets and managing the personnel. Existing teams and procedures have been adapted to meet the local needs.

- Human resources. The teams were already available and the whole system at place already. The main added value was to foster an already existing collaboration between the region and the municipalities. Additional funds allowed to cover, increase the impact, and overall to reinforce an existing collaboration.
- Challenges and success factors. Health professionals and local communities were consulted about the initiative and were very positive. Personal and professional satisfaction of all involved personnel is a very important success factor.

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

- This project is developing a next generation of care centres, which rely on point of care testing and support the transfer of innovations from laboratory medicine to primary care.
- Rather than creating a new network, this project relies on the existing network of point of care testing.
- With the support of the ERDF and the Brussels region, a large group of partners including clinics, universities and a professional medical association, is developing better digital health tools and methods, which support this transition to innovative point of care units.
- The project aims at creating a label called 'city lab', which guarantees the same quality of care across the EU and provides an innovative and (financially) sustainable business model for this care.

Presentation of the "MOBI" project (Interreg) by Virginie Bellefroid

- This project brings together several partners in the Interreg Euregio Maas-Rhein (EMR) programme to support people with mental disabilities (dual diagnosis).
- The project aims at increasing the quality of care and inclusion for people with dual diagnosis within the EMR and at the same time to increase the education of professionals involved with providing care and assistance to people with dual diagnosis and their families.

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

- These projects aim at tackling social isolation among older people in remote areas.
- Common challenges identified are the low population density and low accessibility of these regions. By developing a range of support packages, these projects supported people with dementia and other frail older people (Remoage) and older people living in conditions of social isolation in remote areas of northern Europe.
- The existence of a common strategic framework was key to support research and innovation, access to ICT and at the same time to promote social inclusion and enhance the institutional capacities of public authorities.

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

- The project is tackling common policy challenges between regions in Greece and Bulgaria and aims at improving primary care services and improve social inclusion by introducing mobile health units for social groups that are not able to reach the nearest primary health centres
- The mobile units are supported by innovative ICT tools for recording patient's data and history. Whereas no healthcare services are performed in the mobile units, the units support homecare services, transportation issues and remote monitoring.

Presentation of the regional model to support frail people and caregivers at hospital discharge in the Tuscany region (ACOT), by Marco Brintazzoli, Head of Cabinet, Ministry for Citizenship Rights and Social Cohesion, Tuscany Region

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

Discussions

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

Annex 2: Thematic workshop presentation and discussion summaries (Day 2)

Presentations

Introduction and welcome: Rosa Castro, Milieu
- Dr Morgado open the event by welcoming participants to Tavira.
- Dr Castro opened the event with a short presentation of the 'ESI Funds for Health' project, outlining the objectives of the project, its main outputs and the purpose of the thematic workshop.

Presentation: 'ESI Funds for Health: overview of statistics and findings from the project work'
Rosa Castro, Milieu
- Rosa Castro started with a brief overview of some of the spending priorities for the theme of access to healthcare. This included a summary of the most common thematic objectives used under this theme, which were thematic objective 1 on strengthening research, technological development and innovation; thematic objective 2 on information and communication technologies; and thematic objective 9 on social inclusion and combatting poverty.
- This was followed by an overview of the statistics related to access to healthcare projects. In total, 923 projects were found in 16 Member States. These projects are very different in terms of budget and scope. Germany has a large number of small projects, with Portugal, Italy, Greece, Poland and Hungary also reporting significant numbers of projects. The total budget for all access to healthcare projects (ESI Funds and national co-financing) is EUR 1.3 billion (average project budget EUR 1.5 million). The highest spending on access to healthcare does not come from those countries with the largest numbers of projects. With the exception of Portugal and Hungary, the Member States with the greatest number of projects do not spend large amounts of funding.
- This was followed by an overview of the types of projects found under this theme. Most of the projects found in this theme are supporting interventions to increase access to healthcare for specific population groups and address distance, affordability and quality of services. Another group of projects is supporting health infrastructure, usually through hard (infrastructure) investment. Many projects, particularly those from Germany, focus on improving the skills and capacities of health workers to care for vulnerable groups. Just a few projects appear to directly target the reduction of unequal healthcare coverage.
- Dr. Castro concluded the presentation by reflecting on the significance of the findings for the purpose of understanding current spending trends while proposing questions to the audience in order to guide the discussions during the day. Proposed discussion questions ranged from understanding current spending trends in the light of policy priorities (including those of the European semester), to discussing the key factors behind successful projects, main challenges and recommendations for the next programming period in order to ensure that ESI Funds are used consistently and effectively.

EU Health Policy cooperation for Access to Healthcare, Katarzyna Kielar and Katarzyna Ptak, DG SANTE, European Commission
- Katarzyna Kielar explained how the EU funds are supporting health investments and how the EU Commission is working to support Member States' health authorities to channel ESIF support to

health. She explained that more than 40 million people are expected to benefit from better health services thanks to ESIF during 2014-2020.

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

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

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

- Ms Ptak explained how access is measured through several ways, including self-reported unmet medical needs of the population, percentage of out-of-pocket payments and other benchmarks.

In response to such complex and growing needs for health and care, policy principles have been developed and an agenda that aims at building effective, accessible and resilient health systems has been put forward with the help of EU policy documents (for instance the Effective, Accessible and Resilient Health Systems Communication from the Commission of April 2014). More recently, the EU Pillar of Social Rights has emphasized the guiding principles for Member States and the EU to support access to healthcare.

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

- Finally, Ms Ptak explained a number of initiatives which aim at building more knowledge and better solutions for the complex problems of access to healthcare, for instance, through the 'Expert Panel on Effective Ways of Investing in Health', which developed several guiding documents including its 'Opinion on Benchmarking Access to Healthcare in the EU', and the periodic knowledge produced within the 'State of health in the EU' (2016-2017).

Panel discussion with project beneficiaries

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

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

The presentation was followed by discussion with other project beneficiaries that participated and presented the projects during the peer review. In total, there were seven participants in the panel:

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

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

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

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

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

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

Breakout (participatory) session

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

The following questions were written in the two flipcharts in front of the audience (one in English and one in Portuguese):
- Whose needs need to be met? How do you prioritise these needs?
- Who do you involve as partners? Are these mainly inter-sector, public-private, community/patients collaborations?
- How can ESIF help to support create the infrastructure to enable access? what sort of infrastructure is needed?
- How do you build sustainability into projects?
- What is meaningful evidence of impact for ESI Funded projects?
- What support would you need from the next programming period?

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

- A person representing a patients' organisation spoke first to comment that patients are often involved towards the end not from the beginning of projects. She also said that networking was key to enable the participation of patients.

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- Another representative from a patient organisation added that ESI Funds are mostly inaccessible to patient organisations, and other NGOs, and that the system limits their participation given that many times open calls are actually often shaped already for bigger organisations. The participant mentioned that calls should be preceded with consultations from public authorities before those calls go out and added that patient organisations have expertise but also that transparency and participation were needed.

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

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

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

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

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

- Sharing problems and sharing solutions.
- An opportunity to share experience with people from across the continent.
- How citizen organisations should be involved more in ESI Funds?
- Speaking different languages, and bringing different cultures together is key for creative solutions for common problems.
- Commonality of challenges and diversity of approaches and ideas.
- In spite of differences, we have similar issues, needs and wish to learn solutions.
- There is a need for outcome indicators, to improve what we do.
- Looking at projects in details is a very valuable experience.
- Cooperation on the sustainability of projects.
- It is important to exchange ideas and to get together with people from the same field.
- Beneficiaries need to be included in the consultation and the process from the beginning.

- There is a need for translating information in a better way so that non-experts can understand the information.
- What do patients get out of those projects?
- Shortages of health workers need to be addressed.
- ESI funds are under the shared management, groups and organisations need to be active at local level, health policy is under national/regional competence.
- There is a need for more expertise to write applications; there is also an opportunity of learning from the good practices and projects that have been implemented.
- ESI Funds allow regions to implement more innovative and more risky projects that they would otherwise not be funded by public funds.

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

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Annex 3: List of participants

Peer review/Day 1

Organisation	Member State
Cliniques Universitaires Saint Luc	BE
MOBI	BE
NCSR Demokritos	EL
Tuscany Region	IT
Ministry of Health Latvia	LV
ADMINISTRAÇÃO REGIONAL DE SAÚDE DO ALGARVE	PT
NHS Western Isles	UK
EuroHealthNet	
Milieu	
European Commission	

Thematic workshop/Day 2

Organisation	Member State
Cliniques Universitaires Saint Luc	BE
Aidshilfe NRW e.V.	DE
NCSR Demokritos	EL
Regional Health System Piemonte Region, Local Health Agency ASLCN1, University of Turin Nursing School	IT
Tuscany Region	IT
Ministry of Finance of the Republic of Lithuania	LT
Ministry of Health of the Republic of Lithuania	LT
Ministry of Health Latvia	LV
Centrum Medyczne Kształcenia Podyplomowego/Center of Postgraduate Medical Education	PL
Ministry of Investment and Economic Development	PL
ACES Algarve III-Sotavento-ARS Algarve, IP	PT
Aces Cental	PT
Aces Sotavento	PT
ADMINISTRAÇÃO REGIONAL DE SAÚDE DO ALGARVE	PT
AP Partellos	PT
ARS Algarve, IP - ACES Barlavento	PT
CHU Algarve	PT
Encontrar+se	PT
European Oncology Nursing Society	PT
Rio Aracle	PT

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Organisation	Member State
UCC Geutes	PT
UCC Santo Antonio Arenilha-ACES Sotavento	PT
Association of Patients with Neurodegenerative Disorders	RO
Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being	SE
NHS Western Isles	UK
EuroHealthNet	
European Commision DG SANTE	
Milieu	

Annex 4: event agendas
'Access to healthcare' Workshop
Peer review
27 September 2018

Hotel Vila Galé Albacora, Tavira, Portugal

Time	Agenda
9:00-9:30	Registration
09:30-10:00	**Welcome and introduction** *Dr. Paulo Morgado, Chair, Board of Directors of the Regional Health Administration of Algarve and Rosa Castro, Milieu*
10:00-10:15	**Introduction of participants** *Geoff Wykurz, EuroHealthNet, Moderator*
10:15-11:15	Presentation of the host project 'Proximity Healthcare Units' Questions and discussion *Dr. Paulo Morgado, Chair, Board of Directors of the Regional Health Administration of Algarve*
11:15-11:30	Coffee break
11:30-12:00	Peer project 1 – presentation and short discussion *Patrick Rousseau, Proximity Labs project, BE*
12:00-12:30	Peer project 2 – presentation and short discussion *Virginie Bellefroid, MOBI project, Interreg A*
12:30-13:30	Lunch
13:30-14:00	Peer project 3 – presentation and short discussion *Martin Malcolm, RemoAge project, Interreg Northern Periphery and Arctic Programme*
14:00-14:30	Peer project 4 – presentation and short discussion *Homer Papadopoulus, RemoteCARE project, Interreg EL/BG*
14:30-15:00	Managing Authority experience *Marco Brintazzoli, Tuscany Region, IT*
15:00-15:15	Coffee break
15:15-16:30	Moderated discussion
16:30-17:00	**Conclusions and summary of key lessons learned** *Geoff Wykurz, EuroHealthNet*
19:00	Networking dinner

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'Access to healthcare' Workshop
Thematic Workshop
28 September 2018
Hotel Vila Galé Albacora, Tavira, Portugal

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

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Time	Agenda
16:15-16:30	**Concluding remarks** - *Geoff Wykurz, EuroHealthNet*

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