

Capacity Building Audits about the use of health-related Structural Funds investments

EUREGIO III: (Work Package 6): Inventory of stakeholders, expertise & resources

FINAL REPORT

Submitted by:

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Annexes

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

Annex A: Capacity Building Audit tool about the examples regarding the use of health-related SF investments

Annex B: List of revised questions regarding to the use of health-related SF investments

Annex C: Example of MA Model and related tasks: Managing Authority for Human Resource Programmes, Hungary

Acronyms and Abbreviations used in this report

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

Capacity Building Framework abbreviations

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



Executive Summary

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

WP6 has delivered several outputs in 2011. We focussed on the capacity building audit for contributing to a more detailed understanding of existing organizational capacities and capabilities of member states/regions regarding health-related SF investments.

These are taken into account through the 5 domains of capacity building framework about how the SF process operates and supports the needs of countries/regions.

- 1 Leadership
- 2 Organizational development
- 3 Resources allocation
- 4 Workforce allocation
- 5 Partnership working

Within the various domains the following elements were covered: (i) leadership (at national, local and where relevant, regional level); (ii) existing organizational capacities for health-related SF investments across a range of policy areas, management structures, support and commitment, recognition and reward system, information systems, monitoring and evaluation, quality improvement systems including informal organizational culture; (iii) resource allocation regarding human resources, tools, models, best practice, finances, information, data & evidence, existing knowledge, skills, physical resources and time; (iv) training and (v) partnership working. According to the various elements of the CB framework we intended/audited the system of the following countries: Portugal, Hungary, Slovenia and Slovakia.

The EUREGIO III is currently at completing the final year of the project. Main findings of the 2011 process enable us to inform a needed capacity building regarding the application and process of health-related SF investment to

continue in 2011 and beyond. The key findings of the audit will guide us in *designing the action plan for the needed capacity building elements of the project*. There is a clear need to inform the stakeholders as early as possible with a view to better shape future spending.

The capacity building audit tool was tested and revised after the 1st Euregio III workshop in Krakow (2010) and consultation and related feedbacks presented in Annex A.

This audit focuses mainly on direct health investment. However, it opens up challenges towards intersectoral co-ordination and collaborative working. The findings of the CB audit supplement the findings of other Euregio III work packages.

The key findings and messages presented in this report comes from valuable discussion, debate and feedback from Core Group members of the EUREGIO III project and other partners like the Reference group, various stakeholder meetings, the Interim Challenge workshop in Brussels the 3rd Master Class in Lisboa and the 4th MC in Lyon, France.





Key messages

1. The audit meeting itself went well with the Hungarian National Development Agency Human Resources Programme Managing Authority. But after a very intense audits it was very time consuming to receive the completed capacity building template with the detailed results.
2. In order to be more effective WP6 Leader produced an online version to collect more details/results of organizational capacities regarding to the use of SF for health-related investments. Only Slovakia had the confidence and interest to complete the audit tool. CB process requires a great deal of face-to-face training about the aims, objectives, meaning and whole process before it could be successfully completed.
3. In Hungary and Slovakia there are transparent leadership to the policy process, political commitment to health-related structural funds investments, however no priority to the contribution of health-related SF investments to maximise health gain.
4. It is possible to say that almost every elements of organizational development were describe as strengths in the Hungarian NDA and Slovak MoH. It is very surprising as capacity deficiencies in organizational development were the most significant barriers to the effective use of SF for health-related investments according to the Euregio III Stakeholder Online survey in 2010-2011.
5. Effective and sustainable resources allocation strategies show the most diverse picture in the 2 fully examined European countries (see details in section 8.3.)
6. There are 5 elements describing strengths and weaknesses to effectively supporting workforce development to the use of Structural Funds for health-related investments. Hungary listed examples of good practise in all of them. While Slovakia reported improvement of the performance management system not relevant for them and there are weaknesses regarding professional development, support, and supervision.
7. The widening inequality across European countries, regions and communities should lead to a different sets of policy priorities, governance issues and key actors. In spite of examples for intersectoral partnership to the use of SF for health-related investments there is a big space for improvements regarding intersectoral partnership, co-ordination and communication.
8. About the future use of CB tool it's recommended to conduct a prior visit before the audit takes place in order to explain the aims/objectives of the capacity building audit. In fact detailed explanation of the meaning of the audit process could assist us better to complete the job.
9. Local organizers should have prepare better to invite all of the right stakeholders to the purpose of the audit.
10. Overall the outstanding question of health-related investments priorities is the effectiveness of their impact. We need to describe the impact of existing investments priorities on population health and quality of care delivery in measurable terms.





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11. Alternative funding resources like EU SF plays a more important role after the economic crises – knowledge about these funding resources and the possibility to apply for them has to be further increased. Possibilities like being a partner in relevant other projects (for example FP7, Interreg) that help you develop ideas, knowledge and experiences for project implementation could be the ways.

 12. Using the findings of audits and recommendations of evaluation exercises could improve capacity deficiencies in organizational development. There has been a need for systematic planning for professional support and supervision. In turn, this could help to generate knowledge that can be used to support effective use of SF for investments in health in the future.
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1. BACKGROUND TO THE REPORT

- 1.1 The EUREGIO III project provides evidence and learning as a contribution to improving the process and effectiveness of health-related investments using structural funds (SF) by conducting this capacity building audit in Europe. In its approach, the EUREGIO III project has tried to address the specific needs of the countries/regions in the health sector with a view to ensure as much as possible targeted and effective SF investments.
- 1.2 These are taken into account through the 5 domains of capacity building framework about how the SF process operates and supports the needs of countries/regions.
- Leadership
 - Organizational development
 - Resources allocation
 - Workforce allocation
 - Partnership working
- 1.3 The EUREGIO III is currently completing the final year of the project. Findings of the capacity building audit are contributing to a more detailed understanding of existing capacities and capabilities of member states/regions regarding health-related SF investments. These enable us to inform needed capacity building regarding the application and process of health-related SF investment in 2011 and beyond. The key findings of the audit will guide us in designing an action plan for the needed capacity building elements of the project.
- 1.4 The Capacity Building Audit started with an engagement process for building-working relationships with key stakeholders at the **3rd Master Class in Portugal (March 2011)** and continued in **Hungary (April 2011)**. Several attempts were made for a meeting in **Slovenia (April-May 2011)**. Then a decision was made for online approach in order to collect more information regarding existing organizational capacities to the use of health-related Structural Funds investments (**May 2011 in EU27**). These audits focused mainly on direct health investment. However, it opened up challenges towards intersectoral co-ordination and collaborative working. The findings of the CB audit supplement the findings of other EUREGIO III work packages.
- 1.5 WP6 was set up by EUREGIO III with the following remit for 2011:
- Build working relationship with ‘key stakeholders’ for Capacity Building Audit in selected European Member States in EU27;
 - Update a Capacity building audit tool and use for audit in the selected countries/regions;
 - Conduct the Capacity Building audits;
 - Analyse the results of the CB audit which informed the content of the final report;
 - The objectives of the audit are: (i) to assess organizational capacities in using SF, (ii) to determine current capacity in EU Member States and their regions in Europe to use SF for health-related investments and (iii) to identify the strengths and weaknesses of current support for capacities building and advice available to SF beneficiaries;
 - Analyse the results of the above process and produce the 3rd Thematic Report;
 - Produce a summary of key messages of the WP6 process in 2011 after consultation with core group members and external experts.

2. THE NEED FOR CAPACITY BUILDING AUDIT

- 2.1 In reviewing the EU27 thematic and regional operational programmes it was clear that while regional stakeholders are engaged, investment in capacity building tends to be more implied than explicit¹.
- 2.2 The key question to be addressed by a capacity building audit is: *Given the priorities identified for maximising health gain from Structural Funds and the key ROP/OP priorities relevant to the pilot regions, where should investment in capacity building be directed for greatest impact?*
- 2.3 The core group agreed that the need for capacity-building efforts is inevitable especially in EU12 countries as agreed in the first year and confirmed by the stakeholder online survey in 2010. To become sustainable and to realize an impact, the project should aim and support at least to a certain degree of capacity building for continuous learning.
- 2.4 Capacity building enables us to capture, assess and continuously develop mainstream SF programmes with potential health gain at an individual, organisational and systems level. It is an approach to the development of sustainable skills, organisational structures, resources and commitment to health gain (economic, social, personal, environmental) in health and other sectors. Capacity building has often been described as the invisible work that is essential in building health infrastructure, maintaining and sustaining programs and creating flexible problem solving capability. This work is often visible as strategies for workforce and organisational development, leadership and partnership development, and resource allocation. In a health system context with a dual focus on service delivery and wider economic/social impacts, capacity building refers to at least two things:
- our capacity to deliver specified, high quality services or responses to particular (familiar) situations or problems, such as inclusive employment or lifelong learning for health professionals;
 - capacity of a more generalised nature – the capacity of the system we are working in to solve new problems and respond to unfamiliar situations e.g. tackling social and health inequalities.
- 2.5 Capacity building is the necessary “process” work to maximise health gain from SFs. **In thinking about capacity building we can gain insight into what is working in regions and why?** Defining the capacity building effort enables day-to-day and strategic activity to be made operational and measurable. Exposing these factors and considering their inter-relationship will contribute to effective implementation and achievement of direct and added value health gains from mainstream SF programmes. Capacity building provides a framework to assess:
- 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 health gains
 - The building of problem solving capability for ROP/OP Monitoring Committees and intermediary bodies including health authorities.
- 2.6 Conceptualising and mapping the domains, levels and integrated aspects of a capacity building approach helps with building the evidence for the link between this critical approach and the successful development of SF funded programmes, projects and services
- 2.7 In summary, this element will seek to: (i) identify and brief pilot region stakeholders about the

¹ Watson J. *Health and Structural Funds 2007-2013: country and regional assessment*, Report submitted to DG SANCO C5). The focus of (R)OPs tends to be on priorities and outcomes.



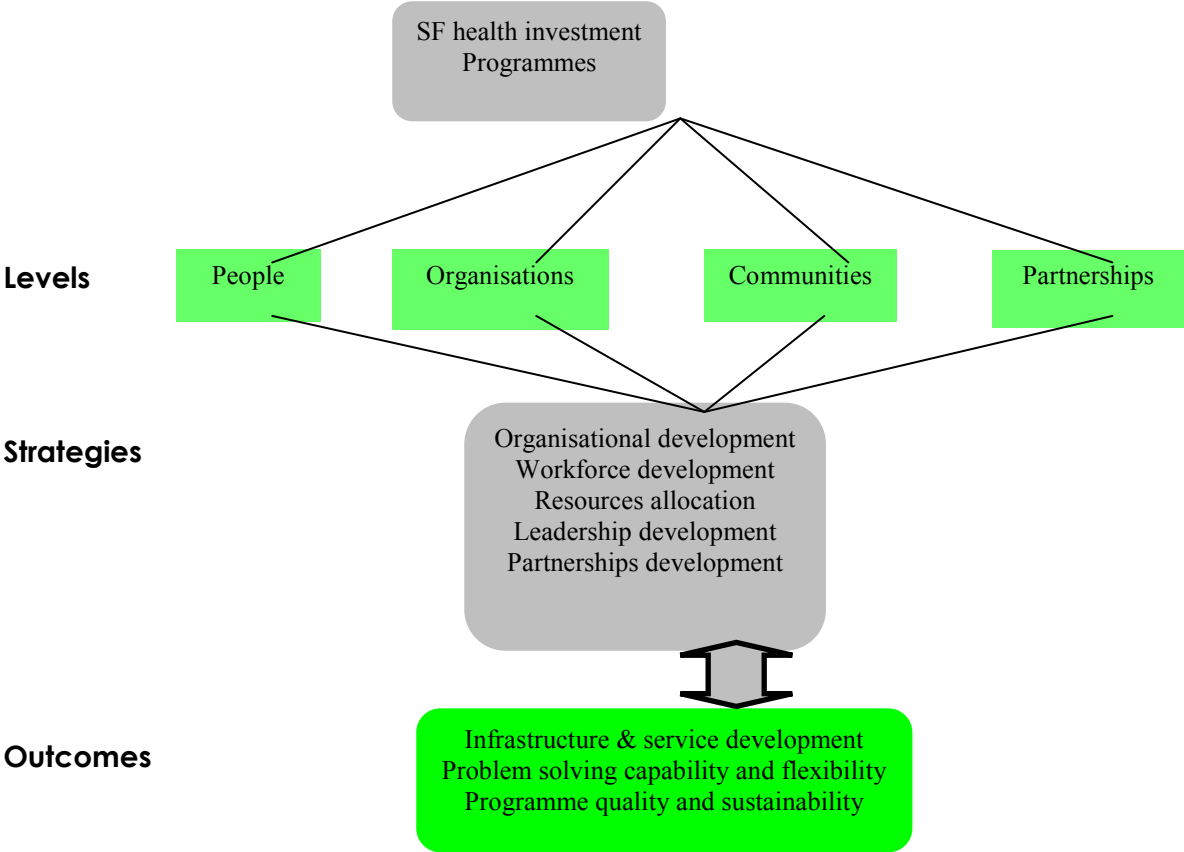
capacity building process and anticipated outcomes (ii) conduct a baseline audit of capacity in pilot Member States and use the findings to identify strengths and weaknesses in current infrastructure, problem solving capability and ability to sustain programmes/projects (iii) produce a summary with pilot region stakeholders about the results of audited organizational capacities.

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

- 3.1 The activity replies to the 2011 WP6 action plan. It aims to carry out a holistic review of the capacity of the participating EU Member States to develop and implement health investment projects funded by SF; to identify gaps, needs and common issues; and to make concrete suggestions for action where EU support, including programmes and instruments in other policy areas, could provide assistance and added value to strengthen health investments capacities in achieving health gains.
- 3.2 To address these issues, WP6 used the Capacity Building Framework (CBF – Diagram 1). The areas covered included (i) leadership (at national, local and where relevant, regional level); (ii) existing organizational capacities for health-related SF investments across a range of policy areas, management structures, support and commitment, recognition and reward system, information systems, monitoring and evaluation, quality improvement systems including informal organizational culture; (iii) resource allocation regarding human resources, tools, models, best practice, finances, information, data & evidence, existing knowledge, skills, physical resources and time; (iv) training and (v) partnership working. According to the various elements of the framework WP6 leader collected examples of issues/questions stakeholders identified as priorities and needs during the EIII process.
- 3.3 The countries/regions representatives have been asked to identify issues, priorities they think relevant regarding capacity to apply and implement health-related structural funds investments and they had to categorize these issues according to the Capacity Building Framework.
- 3.4 The collected data was categorized on relevant dimensions of health investments capacity as defined by the CBF, resulting in a comprehensive mapping of the existing capacities in the participated EU Member States. The results of the mapping together with the findings of the Interim Challenge Workshop were the basis for further analysis, aimed at identifying the main strengths and weaknesses for SF health-related investments in the EU. **Using suggestions and recommendations will be made for further action at national and EU level to strengthen health investments capacity.**
- 3.5 The findings of the capacity building audit are given bellow. The examples were presented by the audited countries/regions regarding capacity building in relation to health-related SF investments.



Diagram: Capacity building framework for health-related Structural Fund investments



4. PORTUGAL

Report on audit: started, but couldn't be completed

Name of Country/Region:	PORTUGAL
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Audit dates:	22-24 March 2011 (During the 3 rd Master Class)
List of reviewed presentations, documents:	<p>Grant Agreement Annex 1</p> <p>EUREGIO III - Action Plan WP6_revised for Y3</p> <p>Inventory of Stakeholders, expertise and resource as accessed on E3 website on March 2011</p> <p>Report on online survey as on project website accessed in February, 2011</p> <p>http://wiki.euregio3.eu/download/attachments/6259765/Sem4+Rep_EIII_+Online+survey+report.pdf</p> <p>Report 2: Stakeholders, expertise and resources: Stakeholder Analysis and Capacity Buildin Audit, 2010</p> <p>http://wiki.euregio3.eu/download/attachments/6259765/Sem4+Rep_EIII_Year+2+Report+WP6.pdf</p> <p>Jorge de Almeida Simoes, Universidade de Aveiro: Hospital planning in Portugal</p> <p>Gilles Dussault, Director, Health Systems Unit, Instituto de Higiene e Medecina Tropical Universidade Nova de Lisboa: The challenge of the chaging health labor market</p> <p>Luis Velez Lapao, Professor og Health Management, Instituto de Higiene e Medecina Tropical Universidade Nova de Lisboa: Critical role of the Information Systems Management in Healthcare</p>
Contacted persons:	<p>Gilles Dussault, Director, Health Systems Unit, Instituto de Higiene e Medecina Tropical Universidade Nova de Lisboa</p> <p>Luis Velez Lapao, Professor og Health Management, Instituto de Higiene e Medecina Tropical Universidade Nova de Lisboa: date of interview: March 23, 2011</p>
Short description of audit:	(i) identify and brief pilot region stakeholders about the capacity building process and anticipated outcomes (ii) conduct a baseline audit of capacity in Portugal and use the findings to identify strengths and weaknesses in current infrastructure, problem solving capability and ability to sustain programmes/projects (iii) produce a summary with pilot region stakeholders about the results of audited organizational capacities.

Planned date of completion: Not completed

Completed or not not?

Actual date of completion: Audit process couldn't be completed as stakeholders had different starting point of understanding of the capacity building audit. Project events and activities provided more information for stakeholders.

Last update of audit: April-May, 2011

The hospital sector in Portugal

The hospital sector in Portugal

District	No. Public Hospitals	District	No. Private Hospitals
Lisboa	22	Lisboa	64
Porto	16	Porto	51
Coimbra	12	Braga	17
Aveiro	9	Coimbra	15
Leiria	6	Aveiro	11
Setúbal	6	Leiria	10
Braga	5	Faro	7
Santarém	4	Évora	7
Bragança	3	Setúbal	6
Castelo Branco	3	Viseu	5
Faro	3	Viana do Castelo	5
Guarda	3	Castelo Branco	4
Vila Real	3	Santarém	3
Viseu	3	Vila Real	3
Beja	2	Bragança	2
Portalegre	2	Guarda	2
Viana do Castelo	2	Portalegre	1
Évora	1	Beja	0
Portugal mainland	105	Portugal mainland	213

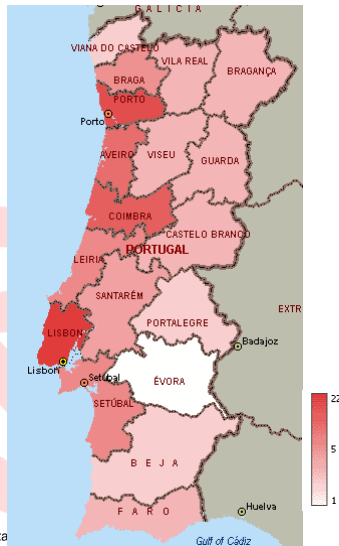
ERS/HospitalPlanning/Mar2011/JorgeSimoes

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Sources: ACSS, ERS

The hospital sector in Portugal

Public hospitals in districts



Private hospitals in districts



Sources: ACSS, ERS

The Portuguese National Health Plan

▪ The 2011-2016 Portuguese NHP: critical aspects

- ✓ To constitute a reference for the health system
- ✓ To embody a vision of health gains
- ✓ To develop a model of health planning
- ✓ To capitalize and improve the performance of all involved
- ✓ To define mechanisms of monitoring and assessment

5. HUNGARY

Report on audit: completed

Name of Country/Region
: HUNGARY



Audit dates: April 21, 2011 (Meeting in the Hungarian National Development Agency Human Resources Programme Managing Authority)

List of reviewed presentations, documents:

- Grant Agreement Annex 1
- EUREGIO III - Action Plan WP6_revised for Y3
- Report on online survey as on project website accessed in February, 2011
- http://wiki.euregio3.eu/download/attachments/6259765/Sem4+Rep_EIII_+Online+survey+report.pdf
- Report 2: Stakeholders, expertise and resources: Stakeholder Analysis and Capacity Building Audit, 2010
- http://wiki.euregio3.eu/download/attachments/6259765/Sem4+Rep_EIII_Year+2+Report+WP6.pdf

Meeting with Zsolt Molnar-Gallatz

Meeting with Melinda Reich

Contacted persons: Melinda Reich

Short description of audit : (i) identify and brief pilot region stakeholders about the capacity building process and anticipated outcomes (ii) conduct a baseline audit of capacity in Hungary and use the findings to identify strengths and weaknesses in current infrastructure, problem solving capability and ability to sustain programmes/projects (iii) produce a summary with pilot region stakeholders about the results of audited organizational capacities

Report on audit: started in April 2011 and completed in June 2011.

Planned date of completion: May 2011

Completed or not? Yes, it is completed

Actual date of completion: Audit process was very time consuming as stakeholders had very different starting point of understanding of capacity building. Consultations on Project events and activities provided more information to complete the capacity building audit template.

Last update of audit: August 2011



This capacity building audit aimed at to provide practical support to the Hungarian National Development Agency – Managing Authority for Human Resources Programmes to access/use knowledge and experience from EUREGIO III project. All countries/regions have different starting points and development priorities. Therefore the original questions stated on the capacity building audit model in each of the domains had to be revised. The revised questions listed below:

<i>List of questions</i>	
A	<p>Leadership</p> <p>Original question:</p> <p>To what extent is your organization/region/country demonstrating effective leadership to the contribution of health-related SF investments to maximise health gain?</p> <p><i>To what extent is the Human Resources Programme Managing Authority demonstrating effective leadership regarding health-related Structural Funds investments?</i></p>
B	<p>Organisational development</p> <p>Original question:</p> <p>To what extent is the organisation developing and implementing effective organisational development strategies to help maximise the contribution of health sector investments to health gain?</p> <p><i>To what extent is the Human Resources Programme Managing Authority developing and implementing effective organizational development strategies regarding health-related Structural Funds investments?</i></p>
C	<p>Resource allocation</p> <p>Original question:</p> <p>To what extent the organisation demonstrating effective and sustainable resources allocation to enable it to address the challenge of maximising the contribution of health sector investments to health gain?</p> <p><i>To what extent is the Human Resources Programme Managing Authority demonstrating effective and sustainable resources allocation to the use of Structural Funds for health-related investments?</i></p>
D	<p>Workforce development (training)</p> <p>Original question:</p> <p>To what extent is the organisation effectively supporting approaches to workforce development that facilitate inclusive and attractive employment?</p> <p><i>To what extent is the Human Resources Programme Managing Authority effectively supporting workforce development to the use of Structural Funds for health-related investments?</i></p>
E	Partnership working



Original question:

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

To what extent is the Human Resources Programme Managing Authority supporting and engaged with a regional intersectoral partnership to the use of Structural Funds for health-related investments?

Any follow up after this baseline audit has to respect these starting points and use the findings to support developmental work.

Results of the Hungarian Audit

The findings of this baseline audit presented here

The Hungarian National Development Agency – Managing Authority for Human Resources Programmes accessed capacity regarding health-related Structural Funds investments and identified examples to effective leadership, organizational development, resource allocation, workforce development (training) and partnership working.

Leadership

To what extent is the Human Resources Programme Managing Authority demonstrating effective leadership regarding health-related Structural Funds investments?

Visioning the future: Elaboration of the Operative Programmes and Action Plans and related documents. New Szechenyi Plan – Hungarian National Development Plan.

Systems and strategic thinking: Avoiding overlapping between the Regional Development Plan and Regional Development Priorities.

Creative collaboration: Not relevant!

Communications skills: There is no communication from the Managing Authority for Human Resources Programmes and OP level. The Hungarian National Development Agency has a Communication Department responsible for all communication activities.

Organizational Development

To what extent is the Human Resources Programme Managing Authority developing and implementing effective organizational development strategies regarding health-related Structural Funds investments?

Policy and/or strategic plans: (i) Situation analysis, SWOT analysis, harmonizing partnership working for Operational Programmes, (ii) Rationalization for allocating Structural Funds and (iii) External evaluation for closing projects.

Management structures: see organogram for the structure of Managing Authority for Human Resource Programmes in Hungary and description of tasks attached in the annex.

Management support and commitment: (i) the Head of the Managing Authority for Human Resources





Programmes is committed, earlier he has been working in the Hungarian Development Plans for the Health sector. (ii) The National Development Agency is responsible for the implementation of all development programme that provides an opportunity to build development opportunities on one another.

Recognition and reward systems: Acknowledge achievements through (i) training, (ii) national and international conferences, (iii) participation in international projects and (iv) other rewards systems.

Information systems, monitoring and evaluation: (i) new department for Monitoring and information systems, (ii) Audit of Indicator system and (iii) All processes supported by information systems.

Quality improvement systems: partnership between management and financial bodies.

Informal organizational culture: Seeking to encourage attitudes that support organizational and individual innovation: sport, team building.

Resource allocation

To what extent is the Human Resources Programme Managing Authority demonstrating effective and sustainable resources allocation to the use of Structural Funds for health-related investments?

Human resources: (i) The MA has only 3 people for health-related investments priorities. Their work supported by financial, legal and external experts.

Tools/models/best practice: Uniform handbook for operation, EMIR support, and internal educational support.

Finances: (i) the effectiveness of the financial project management can be measured in relation to size of the payments of the signed contracts (ii) The absorption capacity of the health sector to use SF problematic, there are lot's of problems during implementation regarding reporting, procurements and keeping deadlines.

Information, data and evidence: (i) The use of the information systems for health care planning were questionable, (ii) Sometimes the competencies of the beneficiaries are not sufficient enough to handle the information from the MA/Intermediate bodies. (iii) There are no uniform information systems for the Health Care Sector that could support macro level monitoring – implementation is in progress.

Specialist advice and expertise (knowledge, skills): (i) Assert expert pools, occasional and/or permanent experts advise for SF funded projects.

Physical resources: Infrastructures are excellent and good quality (offices, meeting rooms, furniture, Computers, software (EMIR).

Time: (i) the applications process too bureaucratic – it was necessary to make simplifications in the documentations of applications, deadlines will be shorter (amendment of the legal instruments: 4/2011 decree).

Division of labour: according to professional/financial issues /or priorities. System for substitution of tasks.



Workforce development (training)

To what extent is the Human Resources Programme Managing Authority effectively supporting workforce development to the use of Structural Funds for health-related investments?

On the job learning: (Learning by doing). (i) Internal trainings, (ii) sharing good examples, (iii) using the findings of audits for doing the job better and (iv) using feedbacks for tasks that the MA repeatedly has to do each year (like yearly reports, call for proposals).

Course development: (i) up to date info for everyday life work, (ii) guidance for managing processes and (iii) incorporation of relevant knowledge and competency based standards into courses.

Professional development: (i) graduate and postgraduate opportunities and continuing studies that supported by the MA.

Professional support & supervision: (i) participation in conferences, master classes, workshops are planned in every quarter year, (ii) needs for professional trainings are planned ahead in 1 year and (iii) participation in international co-operations are essential for getting professional support.

Performance management systems: formal supervision arrangement is introduced in the MA every half a year.

Partnership working

To what extent is the Human Resources Programme Managing Authority supporting and engaged with an intersectoral partnership to the use of Structural Funds for health-related investments?

There was an intention to use the Operative Programme Intersectoral Committees to support implementation of health-related SF programmes, but it was only formal and didn't work in Hungary.

6. SLOVENIA

Slovenia: Report on audit: started, but couldn't be completed.

Name Country/Region:	of SLOVENIA
Audit dates:	30 May 2011 (1 st meeting in the Regional Development Agency)
List of reviewed presentations, documents:	<p>Grant Agreement Annex 1</p> <p>EUREGIO III - Action Plan WP6_revised for Y3</p> <p>Report on online survey as on project website accessed in February, 2011</p> <p>http://wiki.euregio3.eu/download/attachments/6259765/Sem4+Rep_EIII_+Online+survey+report.pdf</p> <p>Report 2: Stakeholders, expertise and resources: Stakeholder Analysis and Capacity Building Audit, 2010</p> <p>http://wiki.euregio3.eu/download/attachments/6259765/Sem4+Rep_EIII_Year+2+Report+WP6.pdf</p>
	<p>Meeting with Buzeti Tatjana</p> <p>Meeting with the Director of the Regional Development Agency in 1 region in Slovenia, with a representative of the Governmental Office for local self-government and regional policy and a representative of the Ministry of Health from the economic department that is covering Structural Funds. I arranged 2 concrete dates with Tatjana Buzeti, but she couldn't confirm any of the agreed dates and the audits couldn't be completed.</p>
Contacted persons:	Tatjana BUZETI
Short description of audit :	(i) identify and brief pilot region stakeholders about the capacity building process and anticipated outcomes (ii) conduct a baseline audit of capacity in Hungary and use the findings to identify strengths and weaknesses in current infrastructure, problem solving capability and ability to sustain programmes/projects (iii) produce a summary with pilot region stakeholders about the results of audited organizational capacities

7. APPLYING ONLINE APPROACH



- 7.1 An online approach was introduced for capacity building audit, because to face-to-face meetings were very time consuming and didn't work well. At the same time more results were needed regarding our knowledge for organizational capacities to the use of health-related Structural Funds (SF) investments.
- 7.2 The WP6 Leader produced an online version of the capacity building audit tool to collect more details/results from the EU27. According to the various elements of the CB framework we intended to audit the system of the following countries: Slovakia, Latvia, Italy, Finland, UK, Austria, Estonia, Germany and Cyprus. The reason we focused on these countries, because during the EUREGIO III Stakeholder mapping exercise they "promised" to continue to work with us. At the end only Slovakia was interested.
- 7.3 This online audit was done as part of the EUREGIO III (EIII) project (www.euregio3.eu) that is tasked with learning lessons from health-related investments in the 2000-2006 and 2007-2013 SF period. The new knowledge gained is intended to (a) provide practical information to organizations applying to use SF, those already running SF projects and the Managing Authorities responsible for SF Operational programmes (b) inform the mid-term review of the current SF period (c) inform planning for the 2014-2020 SF period.
- 7.4 The objectives of this audit were: (i) to assess organizational capacities in using SF, (ii) to determine current capacity in EU Member States and their regions in Europe to use SF for health-related investments (iii) to identify the strengths and weaknesses of current support of capacities building and advice available to SF beneficiaries.
- 7.5 During the audit the same areas were areas covered as during the face-to-face meetings including (i) leadership (at national, local and where relevant, regional level); (ii) existing organizational capacities for health-related SF investments across a range of policy areas, management structures, support and commitment, recognition and reward system, information systems, monitoring and evaluation, quality improvement systems including informal organizational culture; (iii) resource allocation regarding human resources, tools, models, best practice, finances, information, data & evidence, existing knowledge, skills, physical resources and time; (iv) training and (v) partnership working.
- 7.6 The results of the online capacity building audit are presented below.

Ministry of Health of the Slovak Republic

Leadership

To what extent is your organization demonstrating effective leadership regarding health-related Structural Funds investments? Please identify examples to effective leadership regarding:

Visioning the future

Elaboration of the Operational Programme Health (OPH) and related documents (communication plan, programming manual, etc.).

Elaboration of the measure 2.2 (further education of health professionals) of the Operational Programme Education (OPE).

OPH and OPE take part of complex national strategy defined in the National Strategic Referential Framework.

Avoiding of overlapping between the OPs and national grants programmes in the process of programming of each OP.

Systems and strategic thinking

Example: creative collaboration with self-governing regions in the process of creation of innovative mechanism for the stabilization of qualified human resources (health professionals) in the Slovak Convergence regions.

Creative collaboration

Examples: Created communication plan for whole programming period and annual communication plans; specific user friendly designed websites: www.opz.health-sf.sk (for OPH) and www.opv.health-sf.sk (for measure 2.2 OPE) created mainly for beneficiaries and potential applicants; information seminars for potential applicants in the regions within each launched call for proposal; training of beneficiaries (mainly individually on the spot with each beneficiary – face to face approach); annual conferences; daily phone, email and personal communication.

Communications skills

Organizational Development

To what extent is your organization developing and implementing effective organizational development strategies regarding health-related Structural Funds investments? Please identify examples to effective organizational development strategies regarding

Policy and/or strategic plans Managing Authority of the OPH is Ministry of Health of the Slovak Republic (MoH) responsible for national health policy. Strategy (Example: Situation analysis, concerning health-related Structural Funds investments is established in the OPH and OPE strategies. These strategies are implemented SWOT analysis, harmonizing by the individual launched calls for proposals. partnership working for Operational Programmes)

Very effective organizational structure copying project implementation process:

EU Programmes department – planning, programming, programme monitoring, communication, programme evaluation, technical assistance (TA)

Management structures Project assessment department – assessment and selection of applications for projects

Project implementation department – closing the contracts, monitoring and control of project implementation

Paying unit – financial planning, accounting, payments to beneficiaries

MoH as MA for OPH and intermediary body for measure 2.2 OPE is the smallest MA in the Slovakia (43 persons) but implementation of OPH is the most successful of all Slovak Ops (almost 100% of contacting, and over 30% of drawings).

Management support and commitment Hired skilled experienced staff.
 Personal continuity and minimal fluctuation (even after political elections).

Recognition and reward systems Better recognition and reward condition thanks to technical assistance, but there is still big space to be approved.

Central IT Monitoring System used by all MAs. From 2010 available also public portal of IT Monitoring System for applicants

Information systems, monitoring and evaluation (sending of applications) and beneficiaries (sending of monitoring reports and demands for payment).

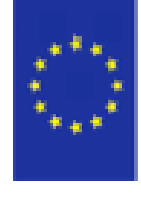
Split monitoring on the project and on the programme level (by using IT Monitoring System functions), split of the monitoring and evaluation (from organization point of view).

Set and system of indicator (on the programme and project level) was one of the subjects of already conducted external evaluation.

Annually conducted systems audits of all MAs by the national audit authority.

Quality improvement systems

Informal organisational culture Twice a year team building trainings of all MA staff.



Resource Allocation

To what extent is your organization demonstrating effective and sustainable resources allocation to the use of Structural Funds for health-related investments? Please identify examples to effective and sustainable resources allocation to the use of Structural Funds for health-related investments?

Human resources (Example: The Resources of TA (OPH) fully sufficient for the MAs needs of effective human resources.

MA has only 3 people for health-related investments
 Problem with the lack of TA (OPE) resources (due to the more difficult ESF project and programmes management).
 priorities. Their work supported by financial, legal and external experts)

Tools/models/best practice Material support from TA and MoH resources according to need of MA staff (should be more flexible).

(Example: Uniform handbook for operation, EMIR support, and internal educational support)

Finances Huge absorption capacity. Only 25% of all admitted application are supported due to the lack of OPH and measure 2.2 OPE resources.

Information, data & evidence Transparent separate websites: www.opz.health-sf.sk and www.opv.health-sf.sk

Specialist advise & expertise At the beginning during the process of programming (ex ante evaluation, designing of indicator, programming manual creation), in the

(Example: Expert pools, assert process of programme evaluation (external expert evaluation), in the process of project assessment (external project evaluators), legal occasional and/or permanent counselling. experts advise for SF funded projects)

Physical resources (Example: Sufficient quality of physical infrastructure.

Infrastructures are excellent and good quality (offices, meeting rooms, furniture, Computers, software (EMIR)

Time (Example: the applications Continuous ongoing process of simplification. On the level of OPH MA, no problem with keeping of deadlines defined by national process too bureaucratic – it was management and financial management systems.

necessary to make

simplifications in the

documentations of applications,

deadlines will be shorter

(amendment of the legal

instruments: 4/2011 decree)

Workforce Development (training)

To what extent is your organization effectively supporting workforce development to the use of Structural Funds for health-related investments? Please identify examples for supporting workforce development to the use of Structural Funds for health-related investments:

On the job learning (Examples: Using the findings of audits and recommendations of evaluation for doing the job better – improvement of processes, improvement of (i) using the findings of audits workforce skills and knowledge (organizing of trainings).

for doing the job better and (ii) using feedbacks for tasks that the MA repeatedly has to do each year, like yearly reports, call for proposals)

Course development (Examples: Continual update and improvement of internal manuals for MA staff.

(i) up to date info for everyday life work and (ii) guidance for managing processes)

Professional development Professional development only if needed to perform working tasks (ad hoc one or two day training). No graduate, postgraduate or (Example: graduate and another long term opportunities.

postgraduate opportunities and continuing studies that supported by the MA)

<p>Professional support & supervision (Examples: (i) participation in conferences, master classes, workshops and international co-operations only if directly needed for professional performance. Lack of systematic planning of this kind of professional support. Up to the initiative of individual employee and manager.</p> <p>participation in conferences, master classes, workshops are planned in every quarter year, (ii) needs for professional trainings are planned ahead in 1 year and (iii) participation in international co-operations are essential for getting professional support)</p> <p>Performance management systems (Example: formal supervision arrangement is introduced in the MA every half a year)</p>	<p>Participation in conferences, master classes, workshops and international co-operations only if directly needed for professional performance. Lack of systematic planning of this kind of professional support. Up to the initiative of individual employee and manager.</p> <p>Not relevant!</p>
--	--

Partnership working

Please identify examples for intersectoral partnership to the use of Structural Funds for health-related investments

Example 1: Operative Programme Intersectoral Committees to support implementation of health-related SF programmes.

Cooperation of Ministry of Health and the Ministry of Education (measure 2.2 OPE – the only sectorally oriented measure in the OPE).
 Cooperation of Ministry of Health and the Ministry of Labor, Social Affairs and Family (implementation of national project within OP Employment and Social Inclusion conducted by MoH in the field of human resources development).
 In spite of examples above, there is a big space to be improved in the field of intersectoral partnership, coordination and communication.

Example 2





8. STRENGTHS AND WEAKNESSES SUMMARIZED IN THE HUNGARIAN NDA AND SLOVAK MOH

Leadership

See strength and weaknesses summarized in the table below to the effective leadership to the use of Structural Funds for health-related investments.

Strength = +
Weaknesses = -

<i>Leadership</i>				
	Strengths		Weaknesses	
	Hungary	Slovakia	Hungary	Slovakia
<u>Visioning the future</u>	+	+		
<u>Systems and strategic thinking</u>	+	+		
<u>Creative collaboration</u>		+	Not relevant	
<u>Communications skills</u>		+	-	

8.1 There are 4 elements describing strengths and weaknesses of effective *leadership* regarding health-related Structural Funds investments in Hungary & Slovakia. In the above table it is very obvious that Slovakia has all of the strengths in all aspects of leadership. In Hungary creative collaboration is not relevant. The Hungarian National Development Agency Communication Department has the authority for all communication activities; yet, there is no communication from the Managing Authority for Human Resources Programmes and OP level.



Organizational Development

See strength and weaknesses summarized in the table below to the effective organizational development to the use of Structural Funds for health-related investments.

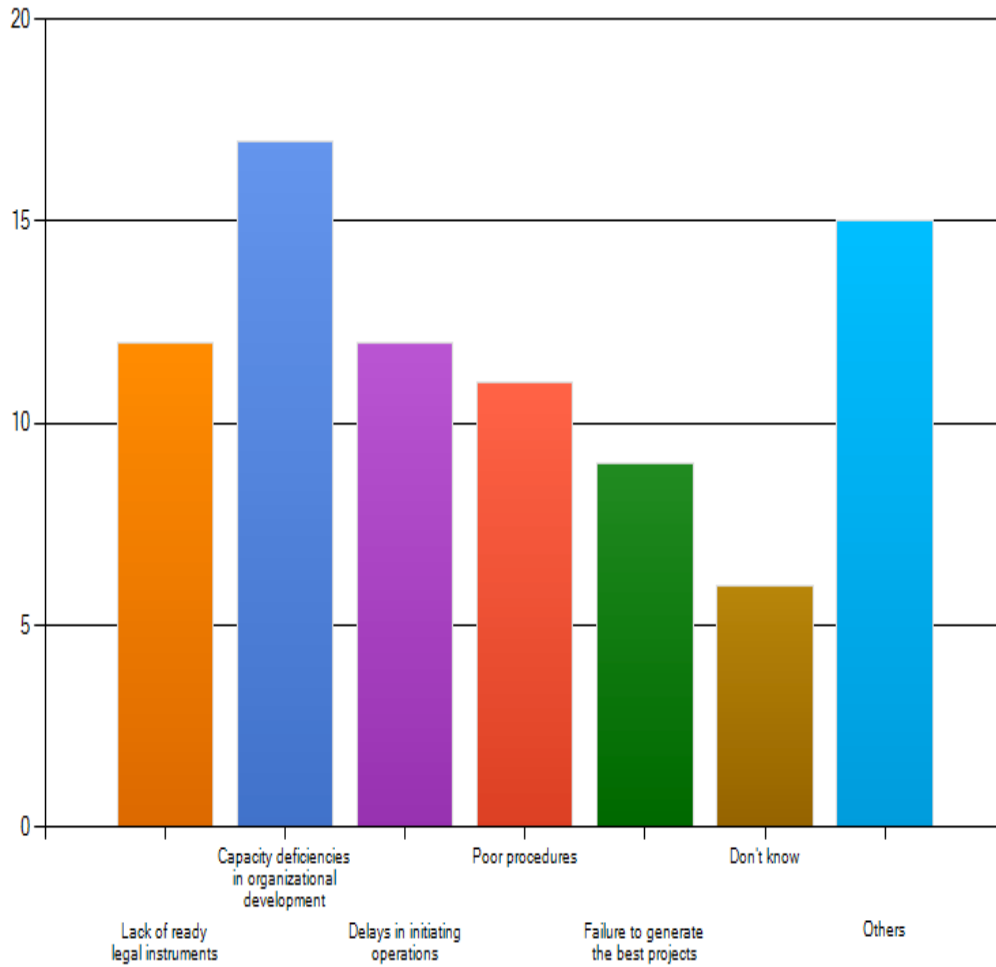
Strength = +

Weaknesses = –

Organizational Development				
	Strengths		Weaknesses	
	Hungary	Slovakia	Hungary	Slovakia
<u>Policy and/or strategic plans</u>	+	+		
<u>Management structures</u>	+	+		
<u>Management support and commitment</u>	+	+		
<u>Recognition and reward systems</u>	+			–
<u>Information systems, monitoring and evaluation</u>	+	+		
<u>Quality improvement systems</u>		+	Can be improved	
<u>Informal organizational culture</u>	+	+		

8.2 There are 7 elements describing strengths and weaknesses of effective *organizational development* regarding health-related Structural Funds investments in Hungary & Slovakia. It is possible to say that almost every elements of organizational development were describe as strengths in the Hungarian NDA and Slovak MoH. It is very surprising as capacity deficiencies in organizational development were the most significant barriers to the effective use of SF for health-related investments according to the Euregio III Stakeholder Online survey in 2010-2011. (see in the column chart below, Ohr M., 2010-2011). At the same time recognition and reward system can be improved in Slovakia and Quality improvement system in Hungary.

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



Resource allocation

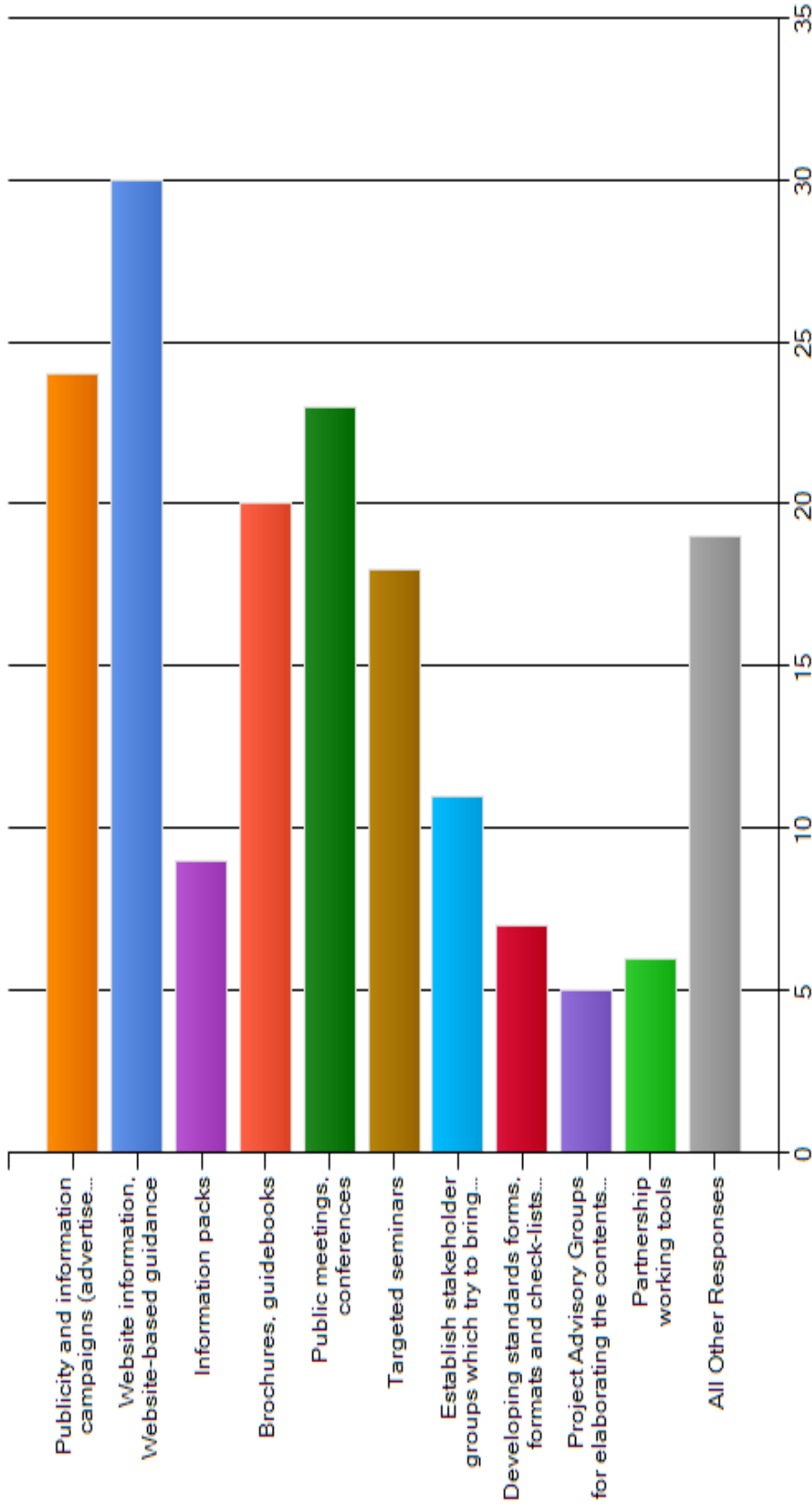
See strength and weaknesses summarized in the table below to the effective and sustainable *resources allocation* to the use of Structural Funds for health-related investments.

Strength = +
Weaknesses = -

Resource allocation				
	Strengths		Weaknesses	
	Hungary	Slovakia	Hungary	Slovakia
<u>Human resources</u>		+	-	
<u>Tools/models/best practice</u>	+			-
<u>Finances</u>		+	-	
<u>Information, data and evidence</u>		+	-	
<u>Specialist advice and expertise (knowledge, skills)</u>	+	+	-	
<u>Physical resources</u>	+	+		
<u>Time</u>		+	-	

8.3 There are 7 elements describing strengths and weaknesses of effective and sustainable *resources allocation* to the use of Structural Funds for health-related investments in Hungary & Slovakia. Effective and sustainable resources allocation strategies show the most diverse picture in the 2 fully examined European countries. First of all human resources were very limited in Hungary (3 people) to compare with Slovakia (43 people). In Slovakia material support from TA and MoH resources according to need of MA staff should be more flexible. In Hungary there are number of problems regarding finances: the effectiveness of the financial project management can be measured in relation to size of the payments of the signed contracts, but the absorption capacity of the health sector to use SF problematic, there are lot's of problems during implementation, reporting, procurements and keeping deadlines. Problems occurs regarding information, data and evidence in Hungary: (i) the use of the information systems for health care planning were questionable; (ii) sometimes the competencies of the beneficiaries are not sufficient enough to handle the information from the MA/Intermediate bodies and (iii) there are no uniform information systems for the Health Care Sector that could support macro level monitoring – implementation is in progress. Specialist advise and expertise (knowledge, skills) still leaves room for improvement in Hungary together with time management. Due to the problems above division of labour: according to professional/financial issues /or priorities are necessary to the effective use of SF in Hungary. See more information in the bar chart and table below regarding to national/international resources in the EU27 countries (Ohr M., 2010-2011). It is very apparent that website information, website-based guidance is the most useful resources described by 69,8% of the respondents in the EU27.

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



EUREGIO III Stakeholder Survey, July 2010

What other national/international resources do you have access to in relation to the use of SF? (Tick all that apply)		
Answer Options	Response Percent	Response Count
Publicity and information campaigns (advertise through various media) for engaging potential stakeholders in the implementation of Operational Programme	55.8%	24
Website information, Website-based guidance	69.8%	30
Information packs	20.9%	9
Brochures, guidebooks	46.5%	20
Public meetings, conferences	53.5%	23
Targeted seminars	41.9%	18
Establish stakeholder groups which try to bring together all interested parties within a particular sector	25.6%	11
Developing standards forms, formats and check-lists to be used by programme authorities and project applicants	16.3%	7
Project Advisory Groups for elaborating the contents of the project and guidance on technical and financial matters	11.6%	5
Partnership working tools	14.0%	6
Impact assessment guidebooks and tools	9.3%	4
Publications as Guidebooks, journals	16.3%	7
Media - Audio-visual tools	14.0%	6
Other	4.7%	2
	answered question	43
	skipped question	27

Workforce Development (training)

See strength and weaknesses summarized in the table below to effectively supporting *workforce development* to the use of Structural Funds for health-related investments.

Strength = +

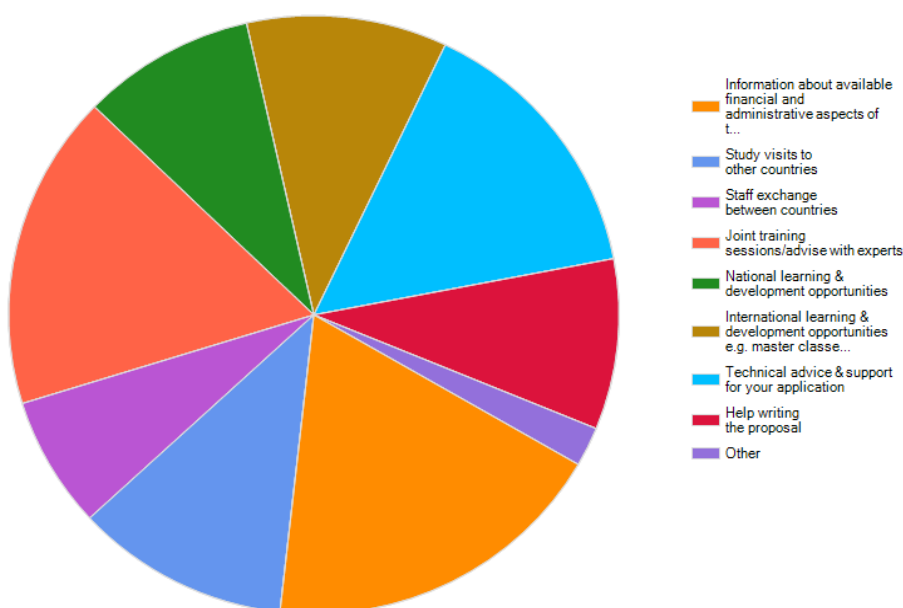
Weaknesses = -

	Workforce Development			
	Strengths		Weaknesses	
	Hungary	Slovakia	Hungary	Slovakia
<u>On the job learning</u>	+	+		
<u>Course development</u>	+	+		
<u>Professional development</u>	+			-
<u>Professional support & supervision</u>	+			-
<u>Performance management systems</u>	+			Not relevant



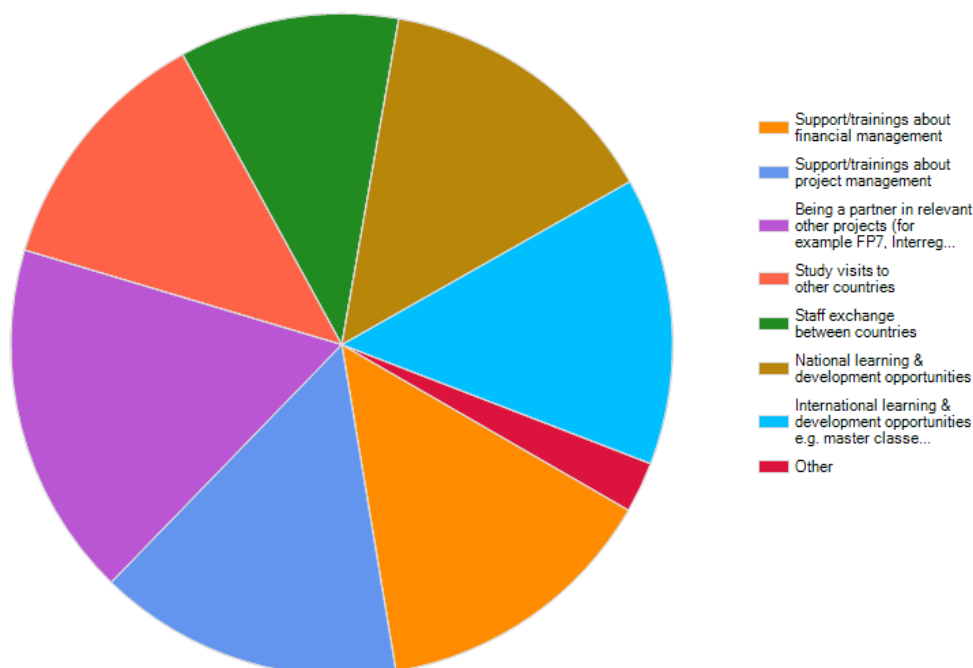
8.4 There are 5 elements describing strengths and weaknesses to effectively supporting *workforce development* to the use of Structural Funds for health-related investments. Hungary listed examples of good practise in all of them. While Slovakia reported improvement of the performance management system not relevant for them and there are weaknesses regarding professional development, support, and supervision. See more information in the pie chart below regarding help needed to improve understanding, confidence and expertise in preparing good SF applications in the EU27. Information about available financial and administrative aspects of the applications and joint training sessions/advise with experts is the most useful help described by most of the respondents in the EU27. 44,7 % reported that “Being a partner in relevant other projects (for example FP7, Interreg) that help develop ideas, knowledge and experiences for project implementation” is the most specific help to them to improve understanding, confidence and expertise in managing SF projects in the EU27 (Ohr M., 2010-2011).

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





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



Partnership working

8.5 All countries participated in the EIII audits, had different starting points and development priorities. The capacity building audit aimed at providing practical support to the participating organizations to access/use knowledge and experience from Euregio III project. The original questions in each of the domains in the capacity building audit tool had to be revised especially, because co-operation mechanisms/tools are not in place to the use of health-related SF investments. In general the findings of the audit were very satisfying as almost every elements of the capacity building domains had positive examples improving the health sector performance by using Structural Funds for health-related investments. However holistic capacity building is needed towards intersectoral co-ordination and collaborative working, especially in the EU12.

9. LIST OF PRIORITIES FOR ADDRESSING WEAKNESSES

- 9.1 List of priorities for addressing weaknesses are: In Hungary creative collaboration and communications needs to be improved at the Managing Authority for Human Resources Programmes and OP level.
- 9.2 Recognition and reward system can be improved in Slovakia and Quality improvement system in Hungary.
- 9.3 Effective and sustainable resources allocation strategies show the most diverse picture in the 2 fully examined European countries. First of all human resources were very limited in Hungary (3 people) which needs improvements. In Slovakia material support from TA and MoH resources according to need of MA staff should be more flexible. In Hungary there are number of problems need to be addressed regarding finances: the effectiveness of the financial





project management can be measured in relation to size of the payments of the signed contracts, but the absorption capacity of the health sector to use SF problematic, there are lot's of problems during implementation, reporting, procurements and keeping deadlines. Attention need to be paid regarding information, data and evidence in Hungary: (i) the use of the information systems for health care planning questionable; (ii) sometimes the competencies of the beneficiaries are not sufficient enough to handle the information from the MA/Intermediate bodies and (iii) there are no uniform information systems for the Health Care Sector that could support macro level monitoring – implementation is in progress (2011).

- 9.4 Specialist advise and expertise (knowledge, skills) still leaves room for improvement in Hungary together with time management. Due to the problems above division of labour: according to professional/financial issues /or priorities are necessary to the effective use of SF in Hungary.
- 9.5 Slovakia reported improvement of the performance management system not relevant to them and there are room for improvements regarding professional development, support, and supervision.

10. HOW CAN THE CB PROCESS BE IMPROVED TO MAKE IT MORE RELEVANT AND USEFUL?

- 10.1 Portugal: Prior visit before the 3rd Master Class in Lisboa would have been helpful to explain the aims/objectives of the capacity building audit. In fact detailed explanation of the meaning of the audit process could assist us better to complete the job. Local organizers should have prepare better to invite all of the right stakeholders to the purpose of the audit. (See more details in this report above.)
- 10.2 Hungary: The audit meeting itself went well with 3 people involved from the Hungarian National Development Agency Human Resources Programme Managing Authority. But after a very intense audits it was very time consuming to receive the completed capacity building template with the detailed results.
- 10.3 Slovenia: we were recommend to do an interview with the director of the Regional Development Agency in 1 region in Slovenia, with someone from the governmental office for local self-government and regional policy and someone from Ministry of Health from the economic department that is covering structural funds. WP6 Leader arranged 2 concrete dates with the local contact, however we didn't receive a confirmation to any of the agreed dates (see more details above).
- 10.4 Slovakia: In order to be more effective WP6 Leader produced an online version to collect more details/results of organizational capacities regarding to the use of SF for health-related investments. Only Slovakia could complete the audit tool. CB process requires a great deal of face-to-face training about the aims, objectives, meaning and whole process before it could be successfully completed.



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ANNEXES

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

Annex A: Capacity Building Audit tool about the examples regarding the use of health-related SF investments

Audit tool

Capacity Building Audit regarding the use of health-related SF investments

Optimising Health through application of EU Structural Funds

HEALTH INVESTMENTS

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

HealthclusterNet: EUREGIO III:

Leader of Capacity Building Audit: Margit Ohr, MPhil, Health Clusternet Euregio III Work Package Leader

Others to involve in the exercise to complete the capacity building audit:

Date: March - August 2011

Personal/organizational information

List of participants in the CB audit (please indicate your name, organization, position, e-mail address, Phone/mobile number):

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

E-mail address:

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

Capacity Building Domains

Leadership

To what extent is your organization/region/country demonstrating effective leadership to the contribution of health-related SF investments to maximise health gain?

Revised question:

To what extent is your organization/region/country demonstrating effective leadership regarding health-related Structural Funds investments?

Please identify examples to effective leadership regarding

<i>Element</i>	<i>Examples</i>
1.1 Visioning the future	SF funded Programmes and projects are in place (decisions made, contract signed and implementation started/finished)
1.2 Systems and strategic thinking	Effective contribution by the regional health system to strategic and intersectoral planning processes
1.3 Creative collaboration	Influence health determinants at strategic level Importance of assessing the impact of EU SF policies on health (health determinants), giving advice to maximise the health gain
1.4 Communications skills	Actions that motivate and inspire others

Organisational development

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

Revised question:

To what extent is your organization/region/country developing and implementing effective organizational development strategies regarding health-related Structural Funds investments?

Please identify examples to effective organizational development strategies regarding

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

Resource allocation

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

Revised question:

To what extent is your organization/region/country demonstrating effective and sustainable resources allocation to the use of Structural Funds for health-related investments?

Please identify examples to effective and sustainable resources allocation to the use of Structural Funds for health-related investments?

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

Workforce development (training)

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

Revised question:

To what extent is your organization/region/country effectively supporting workforce development to the use of Structural Funds for health-related investments?

Please identify examples for supporting workforce development to the use of Structural Funds for health-related investments:

<i>Element</i>	<i>Examples</i>
4.1 On the job learning	Do you know how to use SF for health? Do you know how to collect ideas, experiences, good examples?
4.2 Course development	Incorporation of relevant competency based standards into courses
4.3 Professional development	Dissemination of information about, and support graduate and postgraduate opportunities and continuing studies relevant to the use of health-related SF projects/ developing and maintaining sustainable regional health systems
4.4 Professional support & supervision	Conferences, workshops, 'in service' programmes
4.5 Performance management systems	Formal supervision or support arrangements for relevant work

Partnership working

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

Revised question:

To what extent is your organization/region/country supporting and engaged with a regional intersectoral partnership to the use of Structural Funds for health-related investments?

Please identify examples for regional intersectoral partnership to the use of Structural Funds for health-related investments

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

Annex B: List of revised questions regarding to the use of health-related SF investments

LEADERSHIP

To what extent is your organization/region/country demonstrating effective leadership to the contribution of health-related SF investments to maximise health gain?

Revised version:

To what extent is your organization/region/country demonstrating effective leadership regarding health-related Structural Funds investments?

ORGANIZATIONAL DEVELOPMENT

Original question:

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

Revised version:

To what extent is your organization/region/country developing and implementing effective organizational development strategies regarding health-related Structural Funds investments?

RESOURCE ALLOCATION

Original question:

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

Revised version:

To what extent is your organization/region/country demonstrating effective and sustainable resources allocation to the use of Structural Funds for health-related investments?



WORKFORCE DEVELOPMENT (TRAINING)

Original question:

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

Revised version:

To what extent is your organization/region/country effectively supporting workforce development to the use of Structural Funds for health-related investments?

PARTNERSHIP WORKING

Original question:

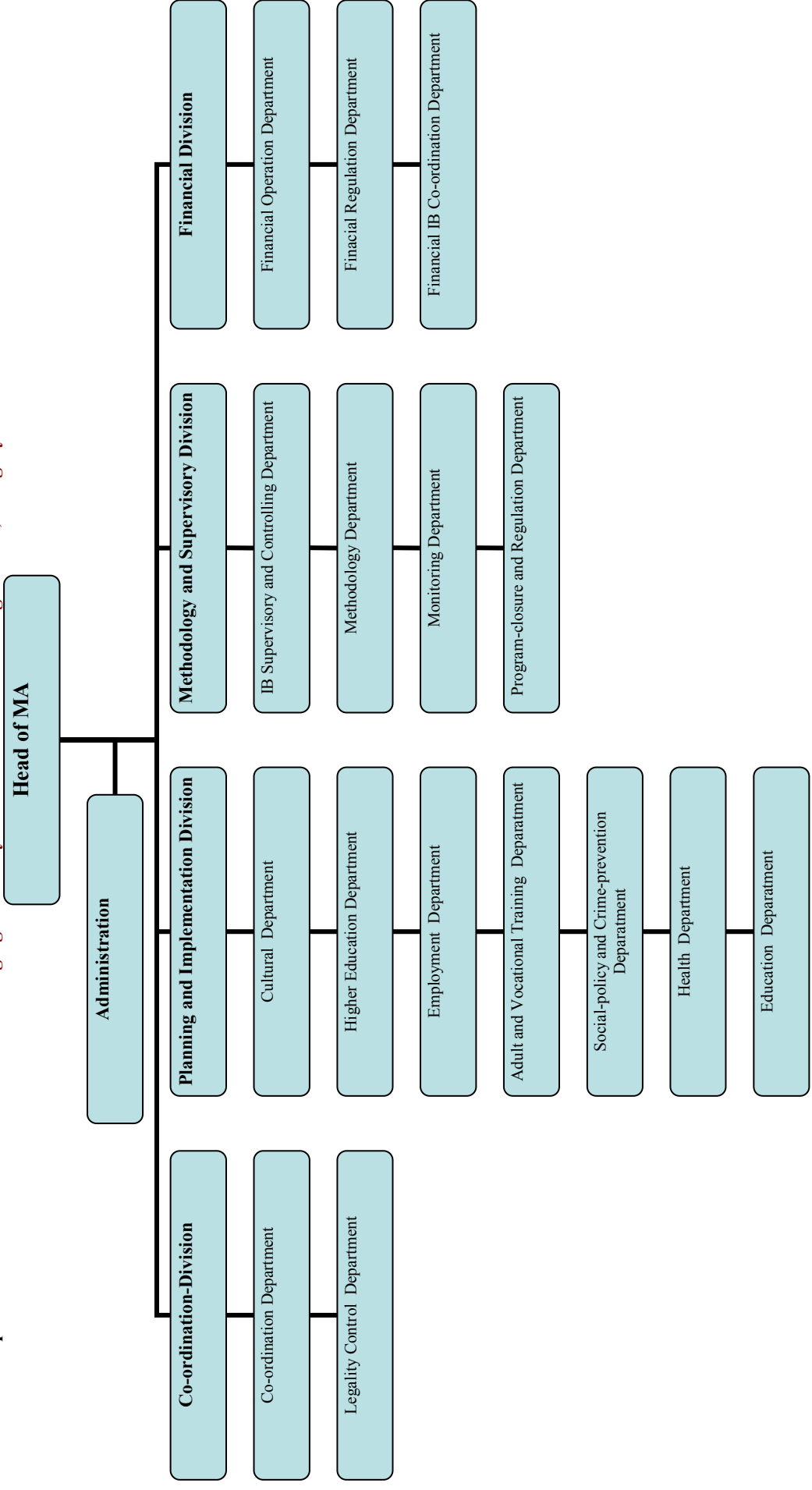
To what extent is the organisation supporting and engaged with a regional intersectoral partnership to maximise the contribution of health sector investments to health gain?

Revised version:

To what extent is your organization/region/country supporting and engaged with a regional intersectoral partnership to the use of Structural Funds for health-related investments?



Annex C: Example of MA Model and related tasks: **Managing Authority for Human Resource Programmes, Hungary**



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Managing Authority in Hungary

As of July 2006 the Managing Authority of all OPs operate as separate organisational units of the National Development Agency. The concentration of the management of the implementation improves the effectiveness of the coordination between the implementation of the OPs, the exchange of experience, the transparency, the accountability as well as the rationalisation of management.

Designation of the Managing Authority

In line with Article 59 (1) of Regulation 1083/2006/EC, the tasks of the Managing Authority in case of the Social Infrastructure Operational Programme are carried out by the NDA's Directorate General Managing Authority for Human Resources Programmes.

Tasks and Responsibilities

According to Article 60 of Council Regulation 1083/2006/EC, the Managing Authority is responsible for managing and implementing the operational programme in accordance with the principle of sound financial management, and in particular for:

Coordination of the planning of the operational programmes and the related documents that are under its responsibility. In the framework of the above, it operates with the participation of the relevant ministries, regions and experts the Operational Programme Planning Coordination Committee as a sub-committee of the Planning Operational Committee;

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- Ensuring that operations are selected for funding in accordance with the criteria applicable to the operational programme and that they comply with applicable Community and national rules for the whole of their implementation period;
- Ensuring that the system for recording and storing the accounting records for each operation of the operational programme in computerised form is fed with up-to date data, and that the data on implementation necessary for financial management, monitoring, audits and evaluations are collected;
- Ensuring that beneficiaries and other bodies involved in the implementation of the operations maintain either a separate accounting system or an adequate accounting code for all transactions relating to the operation without prejudice to national accounting rules;
- Approval of the calls for applications and the grant contract templates as well as the decisions on the project proposals;
- Receipt and control of the requests for funds prepared by the intermediate bodies, countersigns and forwards verification reports prepared by the IBs to the certifying authority;
- Ensuring that the evaluations of the operational programmes are carried out in accordance with the relevant Community legislation. Thereby, the MA will play a lead role in defining priorities and tasks for evaluation work, in consultation with the Monitoring Committee (*see also the chapter on evaluations*);
- Preparation and continuous update of the audit trail of the operational programme; setting up procedures to ensure that all documents regarding expenditure and controls required to ensure an adequate audit trail are held in accordance with the requirements of the relevant legislation;
- Ensuring that the Certifying Authority receives all necessary information on the procedures and verifications carried out in relation to the expenditure for the purpose of certification;
- Operation of the Monitoring Committee and providing it with documents required to permit the quality of the implementation of the operational programme to be monitored in the light of its specific objectives;
- Drawing up and, after approval by the Monitoring Committee submitting to the Commission the annual and final reports on implementation;
- Providing the Commission with information to allow it to appraise major projects;
- Elaborating proposals for the amendments to the operational programme;
- Ensuring the implementation of the OP in line with the decisions of the Monitoring Committee regarding the criteria for the selection of operations, implementation of the action plans, ensuring regularity and feasibility of all operations;
- Monitoring of the implementation of the programmes under its responsibility;

- Liaising with the competent directorates-general(s) of the European Commission regarding the operational programme;
- Participation or – where the function is delegated – supervision of the fulfilment of in tasks related to providing information and publicity on the entire NHDP, as well as the operational programme;
- Managing the technical assistance budget of the operational programme;
- Handling of the system level irregularities, making the necessary corrective steps;
- Prepares proposals for the Government regarding the identification of priority projects after consultation with the relevant ministers and regional development councils.

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Further organisational units of the NDA – typically regarding the horizontal tasks, related to several OPs, e.g. communication, finance – participate in the fulfilment of the tasks of the OP MA.

With regard to the **Intermediate Bodies**, responsible for delegated administrative, financial and technical tasks of implementation, the MA:

- Provides professional supervision regarding the activities of the Intermediate Bodies related to the implementation of the OP;
- Approves the internal rules of the Intermediate Bodies related to the use of the OP resources;
- Prepares instructions and rules regarding the implementation of the OP for the IB;
- Controls and evaluates the activities of IB on a regular basis.

The Intermediate Bodies provide the delegated tasks based on the task-order contracts that ensure that the Intermediate Bodies receive payment for their services based on their performance.