FACT SHEET Priority axis PA4_ Improving health-care services (Cooperating on health-care and prevention)

Investment priority 9/a: Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services

Results that the Member States seek to achieve with Union support

As a result of the interventions coordinated and mutually agreed service specialisation will be in place among all hospitals in the entire area. The conditions of health care infrastructure will improve. In this framework and according to the coordinated service provision strategy new diagnostic, screening and curing equipment will be installed in order to ensure prevention, early identification and effective treatment of diseases across the eligible area. The interventions contribute to equalizing major service level imbalances, and appropriate level of services will be available for all across the eligible area, especially for disadvantaged groups.

Comprehensive and coordinated information channels will be in place to inform residents about the importance of health status screening and prevention measures through the entire eligible area.

Joint protocols will be in place for the exchange of patient information and medical history making the treatment of cross-border patients more effective, while the harmonization of specialized service provision, knowledge transfer and the availability of telemedical infrastructure enables more efficient use of specialized knowledge across the entire area. The key conditions of cross-border financing are in place obstacles are eliminated. As a result of the various interventions foreseen, increase in number of people benefiting from improved health services across the border can be expected contributing to a balanced system of treatment, which altogether has a positive impact also on anti-discrimination and social inclusion.

Focus of interventions:

Types of actions to be supported include coordinated development of health care infrastructure, equipment and services, design and introduction of mechanisms implementing the EU Directive on cross-border health care, setting up joint specialist teams,

development of joint health care protocols, establishment of telemedical systems, joint prevention activities. In addition, complementary interventions may also be supported, facilitating easier and quicker accessibility of medical services in the eligible area.

Interventions should focus on improving facilities and services in order to ensure early identification, prevention and quality treatment of illnesses.

Indicative actions:

1. Investments to improve health care infrastructure and equipment: investment support to infrastructure development, purchase and installation of equipment in order to ensure access to quality services across the entire area and to harmonize development of specialized services.

*2. Know-how exchange and joint capacity development: s*upport for joint trainings, workshops, conferences, internships and other forms of know-how exchange related to the service development supported. **Only interventions complementary to health care investments can be supported.**

3. Development of cross-platform central telemedical, e-health infrastructure: providing support to the development of joint telemedical and e-health infrastructure ensuring that cross-border patient information and medical history can be made mutually available and transparent, thus increasing the efficiency of diagnosis and treatment. The development of e-health infrastructure also contributes to improved accessibility for people in remote areas to use specialised health care services.

Types of activities:

a) Investments in health-care and prevention-related infrastructure

Please note that in case of RO Applicants, any activities and costs related to investments in health-care and prevention-related infrastructure are to be implemented as declared Services for General Economic Interest (SGEI); the Act of Entrustment for the declared SGEI is to be provided no later than the end of the implementation period, as regulated by the relevant subsidy contract, or before the start of the operation phase of the built infrastructure.

Exceptions: 1. Local impact is proved.

2. Built infrastructure is dedicated to medical emergency services.

For supplementary conditions regarding the eligibility of related expenditures please see chapter 2.2.1.3 Eligibility of costs/expenditure and 2.2.2. Specific eligibility criteria.

b) Purchase and installation of health-care equipment, delivery of training to staff on the use of new equipment.

Please note that in case of RO Applicants, any activities and costs related to purchase and installation of health-care equipment are to be implemented as declared Services for General Economic Interest (SGEI); the Act of Entrustment for the declared SGEI is to be provided no later than the end of the implementation period, as regulated by the relevant subsidy contract, or before the start of the operation phase of the built infrastructure.

Exceptions: 1. Local impact is proved.
2. Built infrastructure is dedicated to medical emergency services.

For supplementary conditions regarding the eligibility of related expenditures please see chapter 2.2.1.3 Eligibility of costs/expenditure and 2.2.2. Specific eligibility criteria.

c) Promotional actions for health screening and providing information to prevent and diagnose diseases with high frequency in the eligible area ;

d) Actions to improve access to health infrastructure by disadvantaged groups;

e) Exchange of know-how and capacity building activities (training courses, workshops, conferences, internships);

f) Harmonized development of specialized services;

g) Development of telemedical and e-health infrastructure for diagnosis and treatment in order to achieve better patient information system and to reduce health inequalities in access to health services;

Please note that in case of RO Applicants, any activities and costs related to investments in telemedical and e-health services are to be implemented as declared Services for General Economic Interest (SGEI); the Act of Entrustment for the declared SGEI is to be provided no later than the end of the implementation period, as regulated by the relevant subsidy contract, or before the start of the operation phase of the built infrastructure.

Please note that telemedical and e-health infrastructure activities are State Aid free if related to State's prerogative (e.g. emergency medical services).

For supplementary conditions regarding the eligibility of related expenditures please see chapter 2.2.1.3 Eligibility of costs/expenditure and 2.2.2. Specific eligibility criteria.

h) Improving cross-border accessibility of health-care services through construction, upgrading / modernization of roads with cross-border impact.

For supplementary conditions regarding the eligibility of expenditures related to events, training, road infrastructure, etc. please see chapter 2.2.1.3 Eligibility of costs/expenditure[1] and 2.2.2. Specific eligibility criteria.

When designing your project, please keep in mind that:

1. **You need to clearly present the number of population the given institutions serves.**
2. **The focus of interventions should be the modernization of equipment that create bottlenecks.**
3. **The efficient future use of the modernized equipment and the future financing of its operation need to be sustained.**
4. **Investment in roads cannot be supported as standalone operations; such investments need to be ancillary to investments facilitating access to health-care services and shall contribute directly to reaching the selected thematic objective and investment priority under this specific objective. This means that total cost of such investments in roads cannot exceed 30% of the total budget of an operation (project).**

NO SUPPORT will be provided under the present Call to projects envisaging exclusively *soft* measures (i.e. promotional actions for health screening, exchange of know-how and capacity building activities, development of specialized services), without an investment component (endowment).

List of potential beneficiaries:

- ✓ Local, county and central governments / administrations and their institutions

[1] Exchange of experience / expertise, training of the own staff of a public institution do not constitute state aid.

- ✓ Public health care institutions – hospitals and clinics, social institutions
- ✓ Public medical and IT higher education institutions, research institutes
- ✓ Non-profit organization

Target groups:

Population of the eligible area.

Methodology for defining and calculating the OUTPUT indicators:

Summary of key information

The indicative number of flagship projects that may be supported under this Call is 3÷7!

ERDF funds allocated	EUR 48,479,323.00
Total estimated available budget	EUR 57,034,498.00
Indicators	Assumed proportion of allocation
ERDF funds allocated under this Call	EUR 40,945,000.00
Total available budget under this Call	EUR 48,170,588.23
9/a1	100% of total allocation
9/a2	75% of total allocation

Categories of intervention:

Code
053. Health infrastructure
112. Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

For measuring the outputs under this Ip, 2 output indicators has been identified, according to the Cooperation Programme:

ID Indicator	Measurement unit	Target value (2023)
9/a1 Population having access to improved health services	Number of people	3,911,505.00
	Number of people (under this Call)	3,305,222.00

The output indicator proposed here measures the *population having access to improved health services.* This is a common output indicator measuring the population of a certain area expected to benefit from the health services supported by the project. It includes new or improved buildings, or new equipment for various type of health service (prevention, outpatient or inpatient care, aftercare). The indicator has to exclude multiple counting even if the intervention benefits more services targeting the same persons: **one person still counts as one even if that person may use several services which were supported by Structural Funds.** The population covered is counted based on the official service area of the given institution (from within the eligible area.)

The specific objective under this Ip is "*Improved preventive and curative health-care services across the eligible area*". The actions foreseen are aimed at improving the infrastructural, equipment and human conditions in healthcare institutions, which, as a result, are able to provide better services. The output indicator measures the coverage of the institutions developed, so the number of people potentially affected by / having access to the improvements.

Methodology for estimating the target value
All interventions that will be implemented will make a direct contribution to improved services, thus the entire allocation to this investment priority makes a contribution to delivering the outputs. Consequently, we expect that the entire population of the eligible area will potentially benefit from the investments to be made.

Considering the 100% financial allocation for this indicator, if the total estimated budget for a project under Ip 9/a is of 10.000.000 EUR, representing approx. 17,5% of the total allocation for this particular priority axis, the project will have to ensure the fulfilment of the related output indicator above in a balanced proportion. Thus, approx. 685,000.00 people will have access to improved health services, no matter the actual investment.

ID Indicator	Measurement unit	Target value (2023)

9/a2 *Number of health-care departments affected by modernized equipment (programme specific indicator)*	**Number (at Programme level)**	**38**
	Number (under this Call)	**32**

The output indicator proposed here measures the *number of health-care departments affected by modernized equipment.* This is a programme specific output indicator measuring the number of departments of health-care institutions in the eligible area that benefit from modernized health-care equipment co-financed by the project (to be measured at the end of the project). It includes new equipment for various types of health service (prevention, outpatient or inpatient care, aftercare).

The specific objective under this Ip is "*Improved preventive and curative health-care services across the eligible area*". The analysis shows that many health-care institutions struggle with outdated equipment that are not up to the current technological standards, and this is one of the most important obstacles of improving the health care services in the eligible area. This is also reflected in the fact that 75% of the total funding of this Ip is dedicated to the improvement of equipment. With improved equipment – the basic conditions of improving health-care services will be in place – so there is direct and close link between the output and the result indicator.

Considering the 75% financial allocation for this indicator, the same above project will have to ensure approx. 9 health care departments affected by modernized equipment (approximately EUR 1,125,000.00 may be spent to modernize a health care centre or a larger health-care department).

Methodology for defining and calculating the RESULT indicators:

It is mandatory to be mentioned in your application form, how the output indicators will contribute to the achievement of the result indicators of the programme. The result indicator for this Ip is:

Specific objective	**SO9/a - Improved preventive and curative health-care services across the eligible area**					
Indicator	**Measure-ment unit**	**Baseline value**	**Baseline year**	**Target value**	**Source of data**	**Frequency of**

				(2023)		**reporting**
Average service level in health care institutions in the eligible area	Rate of service level of the health care institutions	3.19	2015	3.40	Survey among hospitals and outpatient institutions	2019, 2021, 2023

Definition of the indicator:

The proposed indicator measures the quality improvement of the average service level in health-care institutions.

Definition of service level: average service level in health care institutions is an indicator reflecting the average quality level of health-care services. In order for a health-care institution to be able to provide good quality services, various conditions need to be in place, including:

- ✓ Basic general infrastructure (buildings, facilities) in good conditions, with proper capacity;
- ✓ Basic diagnostic and curative equipment, having sufficient capacity and up to appropriate technological standards;
- ✓ Specialized diagnostic and curative equipment, having sufficient capacity and up to appropriate technological standards;
- ✓ Professional and support staff, with proper capacity and appropriate level of training.

The average service level will be examined based on a survey examining the key conditions of providing quality health-care services, carried out among the organizations in the area – hospitals and outpatient institutions – delivering health-care services. Through filling in the questionnaire, the institutions will provide information – based on self-assessment – on the key conditions of delivering good quality services. The survey will provide a quantified value – a scale indicator – reflecting the average service level in the area.

Type of organizations to be asked by the questionnaire:

All hospitals and outpatient institutions / polyclinics will be invited to take part in the survey. The exact institutions will be nominated by the National Authority / County councils.

! Special attention to horizontal principles

During the implementation of the projects the principle of equal opportunities and non-discrimination shall be respected.

Projects with a direct negative impact on not ensuring equal opportunities and non-discrimination will not be selected for financing.

Special attention will be paid on reinforcing social inclusion of disadvantaged people.

Where it is feasible, preference may be given on the social inclusion of people living in deep poverty.