

ROHU00621

DENIM

Application Form Export

Downloaded on 2024.12.17 - 09:31:19

Version 2.0

Form language: EN

Input language: EN

Currency: EUR

A - Project identification

A.1 Project identification

Project id (automatically created)	ROHU00621
Name of the lead partner organisation	Békés Vármegye Önkormányzata
Name of the lead partner organisation in English	Békés County Council
Project title	Development of Network to Improve Health Status of Population (DENIM)
Project acronym	DENIM
Programme priority	Cooperation for a more social and cohesive PA between Romania and Hungary
Specific objective	RS04.5: Ensuring equal access to health care and fostering resilience of health systems, including primary care, and promoting the transition from institutional to family and community based care
Project duration in months	36

A.2 Project summary

Please give a short overview of the project and describe:

- the common challenge of the programme area you are jointly tackling in your project;
- the overall objective of the project and the expected change your project will make to the current situation;
- the main outputs you will produce and those who will benefit from them;
- the approach you plan to take and why a cross-border approach is needed;
- what is new/original about the project.

As a cross-border initiative implemented by RO and HU partner organizations, DENIM in the long term aims to improve the quality of life of the population in the cross-border area, strengthen synergies between RO and HU healthcare systems and in the long term support territorial cohesion. The project will focus on developing a territorial health evidence base, collaboration and sharing of data, and approaches to data-driven decision-making which can facilitate future planning for healthcare systems in the crossborder region. It will draw on practice associated with the development of multilevel collaboration spaces in border regions which are focused on resilient crossborder healthcare systems. It will be guided by the priorities set out in the State of Health in the EU report, 2023 (ADD reference) which include earlier intervention and health improvement, improved access and more resilient healthcare systems.

In the post COVID era both RO and HU are facing challenges that need to be addressed with complex tools. Although life expectancy in both countries have improved slightly, the health status of the

population is deteriorating. Additionally Békés and Arad counties are both characterized by long-term negative demographic tendencies caused by migration and low birth rates. With aging population pressure on the healthcare systems becomes permanent. In the meantime analysis show that access to services and especially healthcare services – a major aspect of territorial competitiveness – in Arad and Békés county are issues which need to be equally addressed on both sides of the border. Joint development of the infrastructure of local services is of key importance to slow depopulation of the region and in the meantime improve quality of life of the population.

In preliminary preparatory meetings specific needs addressed by the project have been identified. The project partners have agreed that greater sharing of services and resources (such as data) in the cross-border region and to intensify the cooperation between citizens and institutions are crucial for improving the efficiency of health systems. Also the fact that people living in remote border areas and in places further away from dense population centres in RO and HU have limited access to high level health care services, has been identified as major problem. Further to this the need to investigate the possibilities of different aspects of integration between healthcare systems has also been formulated. Additionally – on the basis of statistical data available – need for improvement of population's awareness has been identified as key problem.

The partnership implementing the project was formed in such a way that appropriate competences are available to solve the problems presented above. Partners have relevant organizational experience to tackle the issues raised from both administrative and legislative perspective (Arad County Council and Békés County Council) as well as professional aspect (Békés County Central Hospital, Dr. László Elek Hospital and Medical Centre). As it will be presented in the AF, the organizations involved also have the necessary human capacities to achieve the project's overall objective.

Focusing on the improvement of quality of life of local population and the development of the health service available in the region, the project partners will implement a diverse range of joint interventions. The overall objective – „Identification and exploitation of possible synergies of the healthcare systems in the cross-border region through the implementation of complex set of tools” – shall be achieved through a diverse set of interventions designed in the framework of 5 WPs: earlier intervention and prevention for key patient groups (WP3); delivering improved healthcare infrastructure in the cross border region (WP2); quality improvement of clinical care based on exchange of best practice across the border region; creation of cross-border healthcare co-operation networks to sustain and promote resilience of the region's healthcare system on a middle and longer-term basis (WP1) and identification of new ways of integration of the HU and RO health care systems through pilot actions (WP4). During project implementation these activities will be supported by complex management activity (WP5).

Although focusing on the population of the cross-border area with its activities (general improvement of health care infrastructure), primary target groups of the project include age group between 40-65 years (people with high risk of cancer), youth age group (prevention activities) and other groups of population with high risk of diabetes and cardiovascular diseases (awareness raising activities). Beside NGOs, educational institutions, decision makers, hospitals, clinical experts and public authorities may also be identified as target groups (exchange of best practice across the border; creation of cross-border healthcare co-operation networks).

A.3 Project budget overview

Programme funding			Contribution					Total project budget
Funding source	Funding amount	Co-financing rate (%)	Automatic public contribution	Other public contribution	Total public contribution	Private contribution	Total contribution	
ERDF	7.210.580,48	80,00 %	1.736.925,15	65.719,99	1.802.645,14	0,00	1.802.645,14	9.013.225,62
Total EU funds	7.210.580,48	80,00 %	1.736.925,15	65.719,99	1.802.645,14	0,00	1.802.645,14	9.013.225,62
Total project budget	7.210.580,48	80,00 %	1.736.925,15	65.719,99	1.802.645,14	0,00	1.802.645,14	9.013.225,62

A.4 Project outputs and result overview

Programme Output Indicator	Aggregated value per Programme output indicator	Measurement Unit	Output	Output Title	Output target value	Programme result indicator	Baseline	Result indicator target value	Measurement unit
Strategies and action plans jointly developed	4,00	strategy/action plan	Output 1.2	Strategies and action plans	2,00				
			Output 4.2	Documents supporting common understanding of integration of healthcare systems	2,00				
Jointly developed solutions	2,00	solutions	Output 4.3	Digital solutions to improve cross-border regional health and population health	2,00				
Organisations cooperating across	4,00	organisations	Output 2.1	Organizations sharing best practise and	4,00				

Programme Output Indicator	Aggregated value per Programme output indicator	Measurement Unit	Output	Output Title	Output target value	Programme result indicator	Baseline	Result indicator target value	Measurement unit
borders				experience					
Participations in joint actions across borders	164,00	participations	Output 1.1	Participations in joint actions	104,00				
			Output 3.1	Participations in community planning event	15,00				
			Output 4.1	Participations in community planning event	15,00				
			Output 5.1	Participations in joint actions	30,00				
						Joint strategies and action plans taken up by organisations	0,00	2,00	joint strategy /action plan
						Organisations	0,00	4,00	organis

Programme Output Indicator	Aggregated value per Programme output indicator	Measurement Unit	Output	Output Title	Output target value	Programme result indicator	Baseline	Result indicator target value	Measur ement unit
						cooperating across borders after project completion			ations
						Participations in joint actions across borders after project completion	0,00	70,00	particip ations
						Annual users of new or modernised health care facilities	0,00	7.024,00	users /year

B - Project partners

Partners overview

Number	Status	Name of the organisation in english	Country	Organisation abbreviation	Partner role	Partner total eligible budget
1	Active	Békés County Council	Magyarország (HU)	BVÖ	LP	934.399,62
2	Active	Dr. László Elek Hospital and Medical Center, Orosháza	Magyarország (HU)	LEK	PP	2.202.273,71
3	Active	Békés County Central Hospital	Magyarország (HU)	BVMKK	PP	4.926.552,29
4	Active	Arad County Council	România (RO)	CJ Arad	PP	950.000,00

B.1 Lead partner	
Partner number	1
Partner role	LP
Name of the organisation in original language	Békés Vármegye Önkormányzata
Name of the organisation in english	Békés County Council
Organisation abbreviation	BVÖ
Department / unit / division	-
Partner main address	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street, House number, Postal code, City	Árpád sor 18 5600 Békéscsaba
Homepage	www.bekesmegye.hu
Address of department / unit / division (if applicable)	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street, House number, Postal code, City	Árpád sor 18 5600 Békéscsaba
Legal and financial information	
Type of partner	Regional public authority
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	0.84.11
VAT number (if applicable)	15725053-1-04
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No

Legal and financial information	
Other identifier number	
Other identifier description	
PIC (from EC Participant Register)	931259850
Contact	
Legal representative	Sándor Molnár
Contact person	Anikó Nagy-Szöllősi
Email	szollosi.aniko@bekesmegye.hu
Telephone no.	+36209593083
Motivation	
Which of the organisation's thematic competences and experiences are relevant for the project?	
<p>Until 2012 Békés County Council– the implementation of the CLIV Act of 2011 – maintained a number of health and social institutions. As a maintenance center, it directed and organized the operation of these institutions, its development and management. It took part directly in a co-ordination and implementation tasks regarding a number of hospital and social organisation developments, through the Békés County Council Office. After the law came into force, the focus shifted to territorial and rural development.</p> <p>The County Council performs tasks of regional development, rural development and country planning stipulated in sectoral laws. In the frames of this, especially in respect of the project:</p> <ul style="list-style-type: none"> • draws up and adopts the County regional development concept and the County regional development program, • it is involved in the development of national development and regional development concepts and operational programs, and in case of border counties in the planning and elaboration of cross-border development projects • coordinates the development ideas of the state administration bodies, municipalities, economic and civil organizations in their field of competence, • monitors the territorial processes, analyzes and evaluates the social and economic situation of the county, its environmental state, its characteristics, Békés county's regional development concept and program, as well as the Békés County Health Strategy, created in 2016, formulate the long-and medium-term vision, target system, priorities of Békés County, as well as the basic principles of the development of the County, in respect of all social and economical segments. <p>Therefore it can determine aims and principles of improving the health condition of the population of the county. It marks the health deterioration and vulnerability of the population as an area to be treated within the time horizon of the concept. County and district level prevention is considered as a principle ensuring health preservation. It defines the need to develop human resources a basic principle, with the development of health and social infrastructure within. Emphasizing the importance of health preservation, it defined the development of the relating sectors and subsectors as a priority area.</p>	
What is the role (contribution and main activities) of your organisation in the project?	

Motivation

On the basis of the competences and motivations described above Békés County Council will carry out the following activities, serving the overall and specific objectives of the project:

- Efficient overall management of the project
- Sustainable communication and dissemination
- Awareness raising activities focusing on the improvement of the health status of the cross-border regional patient population
- Pilot actions in the cross-border area to support equal access to innovative health care services, such as

Development of community-oriented healthcare model (with the application of community planning tools and techniques)

- Development, testing of digital tools for the integrated care models

Strengthening Strategic Overarching Cross-border Health Co-operation strands to improve synergies among OSIs

LP will maintain a comprehensive management structure capable of the effective implementation of the project. Activities include definition of workflow, build up of the joint project team, continuous monitoring of project activities, reporting.

Communication activities will include networking of project stakeholders within the project and sharing information with communities and citizens in the cross-border area as well as sharing best practises and knowledge with stakeholders in different levels of the health care system (decision makers, management of health care institutions, NGOs etc.). The project's communication and dissemination activities will highly contribute to the quality improvement of clinical care based on exchange of best practice across the border region. Creation of cross-border healthcare co-operation networks will sustain and promote resilience of the region's healthcare system on a middle and longer-term basis.

The LP's awareness raising activities could contribute to earlier intervention and prevention for key patient groups (with focus on 40-65 age group, and young people); Through highlighting health issues such as the importance of healthy nutrition, health risks related to consumption of alcohol, smoking, bad eating habits, etc. the WP aims to support health awareness. Activities include awareness raising campaigns designed for specific target groups (women, youth, children, romas etc) of the public, as well as workshops and communication activities targeting experts in the field

Through joint development of community focused integrated care models and multilingual telemedicina services as pilot action(s) these activities support equal access of patients to high quality health care. Aiming to improve efficiency and long term sustainability, and also supports the high-level integrated co-operation among OSIs with a special focus on the development of a co-operation framework and agreement on complex health data management. Special focus is also on the identification of new ways of integration of the Hungarian and Romanian health care systems through pilot actions. LP1's PM also contributes to development of strategic docs.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

Within the framework of the Operational Programme for Regional and Urban Development and the Operational Programme for Regional Development Plus, the Municipality of Békés County has managed and is managing hundreds of projects in Békés County as a consortium partner.

It also has its own projects as a lead partner, such as the Employment Cooperation Pacts (TOP-5.1.1-15-BS1-2016-00001, TOP_PLUSZ-3.1.1-21-BS1-2022-00001), energy projects and human projects (pl. TOP-5.3.2-17-BS1-2018-00001).

International projects in which Békés County Council has participated:

INTERREG III.A Development of the Békéscsaba Airport, runway, emergency landing area, establishing a rainwater drainage system and fence

Motivation

HURO0602/056 Hungary-Romania and Hungary-Serbia and Montenegro Cross-border cooperation Program "The natural values of the Békés-Csanád region" project.

Hungary-Romania Cross-Border Cooperation Program 2007-2013 "Joint EXPO, Joint Market - Enhancing Economic and Commercial Connections between Arad and Békés Counties" project.

Interreg V-A Romania-Hungary Programme: project ROHU-204, "Shared problems, joint solutions - improving cooperation between Arad and Békés public administration" (WorkMix) - The PP4 and the LP are members of the partnership, together with Biblioteca Judeteana "Alexandru D. Xenopol" Arad.

Co-financing

Source	Amount	Percentage
ERDF	747.519,69	80,00 %
Partner contribution	186.879,93	20,00 %
Partner total eligible budget	934.399,62	100,00 %

Origin of partner contribution

Source of contribution	Legal status of contribution	Amount	% of total partner budget
BVÖ	Public	46.719,99	5,00 %
HU State Budget	Automatic Public	140.159,94	14,99 %

Total

Sub-total public contribution	46.719,99	5,00 %
Sub-total automatic public contribution	140.159,94	14,99 %
Sub-total private contribution	0,00	0,00 %
Total	186.879,93	20,00 %

State Aid**State aid criteria self-check**

Criterion I: Is the partner involved in economic activities through the project?

1. Will the project applicant implement activities and/or offer goods/services for which a market exists?	No	not relevant
2. Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the applicant's intention)?	No	not relevant

Criterium II: Does the partner receive an undue advantage in the framework of the project?	
1. Does the project applicant plan to carry out the economic activities on its own i.e. not to select an external service provider via public procurement procedures for example?	No not relevant
2. Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business (i.e. not received in the absence of funding granted through the project)?	No not relevant
Result of State aid criteria self-check:	No risk of state aid
State aid relevant activities	
GBER scheme / de minimis	

B.1 Project Partner 2	
Partner number	2
Partner role	PP
Name of the organisation in original language	Dr. László Elek Kórház és Rendelőintézet, Orosháza
Name of the organisation in english	Dr. László Elek Hospital and Medical Center, Orosháza
Organisation abbreviation	LEK
Department / unit / division	-
Partner main address	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street, House number, Postal code, City	Könd 59 5900 Orosháza
Homepage	www.oroshazikorhaz.hu
Address of department / unit / division (if applicable)	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street, House number, Postal code, City	Könd 59. 5900 Orosháza
Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	Q.86.10
VAT number (if applicable)	15346487-2-04
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No

Legal and financial information	
Other identifier number	
Other identifier description	
PIC (from EC Participant Register)	
Contact	
Legal representative	Dr./Dr. Stefánia Bozsár
Contact person	Éva Pető-Farkas
Email	petofarkas@ohk.hu
Telephone no.	+36205010737
Motivation	
Which of the organisation's thematic competences and experiences are relevant for the project?	
<p>The Orosházi Dr. László Elek Hospital and Clinic (formerly Orosházi Hospital) has been operating as a municipal hospital in South-Békés since 1967. It covers 20/28 settlements in the districts of Orosháza, Szarvas and Mezőkovácsháza, with a different mix of specialties, and the population served is 104,144 /111,202. The hospital is the largest employer in the city, with around 575 people working in the institution. The hospital is a central budgetary body under the control of the Ministry of the Interior and is an in-patient care institution of municipal classification. Its public functions include outpatient and inpatient diagnostic and therapeutic specialist care, rehabilitation and care, day hospital care, school health, school nursing and a health promotion office. The current structure of the Institute has been in operation since 1 January 2016, with the infrastructure funding provided by the TIOP-2.2.4-09/1-2010-0004 project entitled Central Technology Block and the Implementation of Modern Health Reform. In the matrix structure created, care can be organised more flexibly and according to actual needs, and the organisation of work in the central operating theatre also allows for a more efficient allocation of human resources, with two sites located in Orosháza. Its professional range is diverse, with a relatively wide range of medical and patient care activities among the city hospitals. Inpatient care has 302 active and 106 chronic beds. Day hospital care is provided in 13 beds. The professional portfolio and the level of progressiveness provide a broad professional structure for the population of the service area. Inpatient specialised care is provided in 12 specialties at progressivity level I-II. The outpatient clinic, which is integrated with the hospital, provides outpatient specialised care and treatment in 64 specialised outpatient clinics, for a total of 1 475 hours per week. The rheumatology and physiotherapy departments of our clinic are located in Gyopárosfürdő, where, together with the Spa, we provide a complex package of care by offering dry and wet treatments. It provides primary care services under a contract with the City of Orosháza, providing the school nurse service and youth health care. In order to strengthen preventive activities, a Health Promotion Office is in place, which not only supports the in-patient and out-patient specialist care activities, but also carries out independent professional work in the district.</p>	
What is the role (contribution and main activities) of your organisation in the project?	
<p>The primary goal of the investment implemented by PP2 is to improve the infrastructural background necessary to provide balanced health services. In the cross-border area, it is important that the</p>	

Motivation

population has equal access to high-quality services, regardless of which side of the border they live. During the development of the capacities, the primary consideration was the implementation of the necessary investments for the effective screening and treatment of the types of diseases that greatly threaten the quality of life of the population of the region.

The building was built in the 1960s, then renovated and modernized in the 1990s. Since then, no major renovations have been made to the building or the areas affected by the investment.

The investment affects East, West and South wings of the first floor, as chronic and internal medicine care will be implemented. In the affected area, it is important to expand the medical gas supply according to demand, and to renovate the gas centers, because currently it does not fully meet today's regulations and standards. The building is outdated, the coverings and sanitary facilities need to be replaced in several places. The clean painting of the premises has not been done for years, so it is also important to carry out these works from a hygienic point of view. Minor architectural, mechanical, and electrical works were planned in the areas for the sake of patient safety and continuous patient care. Accordingly, the infrastructure for oncology screenings (e.g. breast diagnostics) will be renewed in Orosháza, but the ultrasound diagnostic tool park for gynecology, radiology, and cardiology is also being developed. Partners will also focus on sharing best practises related to investment activities during PM meetings. Partners will also focus on sharing best practises related to testing and operation of medical equipments during PM meetings. Members of PP2 project management team will contribute to the development of strategic documents, through evaluation and if required ammendment of working documents. PP2 will also actively take part in testing dashboard and digital tool.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

The Institute has successfully implemented projects in the 2007-2013 programming period and will continue to do so in the 2014-2020 period. In terms of improvements, the management of the institution has sought to implement infrastructure improvements related to and supporting patient care, as well as statutory infrastructure improvements related to the curative conditions of care, with a view to rationalising operating costs.

The hospital will apply for all appropriate calls in line with the management's development ambitions. The TIOP, KEOP, KEHOP and EFOP calls have typically been used to improve the infrastructure and infrastructure conditions for patient care and to modernise the energy efficiency of buildings. The combined value of the investments exceeded HUF 2.6 billion.

The complex improvements also supported the improvement of the supply of equipment. Human resources development was also carried out in the periods indicated under the TÁMOP and EFOP programmes, which provided opportunities for staff training, knowledge development and the setting up of special teams. More than 560 mFt of resources were allocated to the development of knowledge resources.

The Institution has not yet participated in any international projects. Although the staff does not have international experience, it is nevertheless able to work successfully in a strong partnership for the development of the border region.

Co-financing

Source	Amount	Percentage
ERDF	1.761.818,96	80,00 %
Partner contribution	440.454,75	20,00 %

Co-financing			
Source		Amount	Percentage
Partner total eligible budget		2.202.273,71	100,00 %
Origin of partner contribution			
Source of contribution	Legal status of contribution	Amount	% of total partner budget
LEK	Public	0,00	0,00 %
HU State Budget	Automatic Public	440.454,75	20,00 %
Total			
Sub-total public contribution		0,00	0,00 %
Sub-total automatic public contribution		440.454,75	20,00 %
Sub-total private contribution		0,00	0,00 %
Total		440.454,75	20,00 %
State Aid			
State aid criteria self-check			
Criterium I: Is the partner involved in economic activities through the project?			
1. Will the project applicant implement activities and/or offer goods/services for which a market exists?	No	not relevant	
2. Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the applicant's intention)?	No	not relevant	
Criterium II: Does the partner receive an undue advantage in the framework of the project?			
1. Does the project applicant plan to carry out the economic activities on its own i.e. not to select an external service provider via public procurement procedures for example?	No	not relevant	
2. Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business (i.e. not received in the absence of funding granted through the project)?	No	not relevant	

Result of State aid criteria self-check:	No risk of state aid
State aid relevant activities	
GBER scheme / de minimis	

B.1 Project Partner 3	
Partner number	3
Partner role	PP
Name of the organisation in original language	Békés Vármegyei Központi Kórház
Name of the organisation in english	Békés County Central Hospital
Organisation abbreviation	BVMKK
Department / unit / division	-
Partner main address	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street, House number, Postal code, City	Semmelweis 1. 5700 Gyula
Homepage	www.bmkk.eu
Address of department / unit / division (if applicable)	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street, House number, Postal code, City	Semmelweis 1. 5700 Gyula
Legal and financial information	
Type of partner	Hospitals and medical centres
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	Q.86.10
VAT number (if applicable)	15833954-2-04
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No

Legal and financial information	
Other identifier number	
Other identifier description	
PIC (from EC Participant Register)	
Contact	
Legal representative	Dr. László Richárd Becsei
Contact person	Katalin Csizmadia
Email	csizmadia@bmkk.eu
Telephone no.	+36306765634
Motivation	
Which of the organisation's thematic competences and experiences are relevant for the project?	
<p>Since 1 April 2016, the Pándy Kálmán Hospital of Békés County and the Dr. Réthy Pál Hospital - Outpatient Clinic have been operating as an integrated institution under the name of Békés County Central Hospital. The process of preparing the integration was the result of several months of consultation. It is responsible for the care of the entire population of Békés county, except for the hospital in Orosháza, at progressivity levels II and III. The institution currently operates on 9 sites. The two main sites are in Békéscsaba and Gyula, and there are also sites in Szeghalom(chronic inpatient and outpatient care) and Mezőhegyes (chronic inpatient care).</p> <p>The hospital has a capacity of 1 203 active beds and 768 chronic beds, of which 1 945 beds are currently in use. This is complemented by day care in musculoskeletal rehabilitation and psychiatry, and same-day care in most surgical specialties. Outpatient specialist care is provided in 4 965 specialist hours, complemented by the institution's mobile specialist service, home specialist care and patient transport. The distribution of the specialties and their progressivity levels provides a broad professional structure. Inpatient specialised care is provided in 50 specialties at progressivity levels I to III, complemented by associated outpatient specialised care and nursing activities.</p> <p>The Hospital's territorial coverage obligation varies according to the type of care and the profession. In active in-patient specialised care, we provide an average of 252,346 patients in our core specialties, including clinical oncology, radiotherapy and invasive cardiology as a centre. In chronic in-patient care, the obligation to provide care is similar for the basic specialties, while for several specialties it is the whole county and for addiction rehabilitation, due to the small number of providers, the population of the country. For outpatient specialised care, the coverage varies between 12 thousand persons and the entire county population, according to the professions and progressivity levels.</p>	
What is the role (contribution and main activities) of your organisation in the project?	
<p>The activities of the BMKK project will focus on the infrastructural development of the patient care system, with the aim of improving patients' access to quality health services. Activities include the purchase of equipment and facilities to improve the efficiency of health services on both sides of the border in the cross-border area, as well as the improvement of buildings, with a special focus on the treatment of cancer, which is the leading cause of death in the region. Other activities include training for clinicians.</p>	

Motivation

The primary target groups of the activities are the partner organisations of the project and their professionals (doctors, nurses). The primary target groups also include patients living in the cross-border area.

Members of PP3 project management team will contribute to the development of strategic documents, through evaluation and if required amendment of working documents. PP3 will also actively take part in testing dashboard and digital tool.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

Among the goals set during the integration process, ensuring economic stability was the primary task to be achieved. Sustainable resource management had to be developed to ensure cost-effective operation while expanding available resources and optimising costs.

In the last EU cycle, the two institutions applied for and implemented development projects separately. From the different types of projects, the two institutions have made investments totalling 16 796 million HUF.

In the current EU cycle, the hospital is also striving to participate in all applications for the development of health care institutions, thanks to which it has been possible to secure several KEHOP projects for the energy modernisation of the institution.

In particular, the institution has implemented several EFOP projects for the development of human resources, in the framework of which it has been possible to develop both medical and professional competencies.

Using national funds, a number of projects, mainly in the area of maternal and child care, are being completed. These have included the creation of family-friendly wards, the modernisation of maternity care and the upgrading of PIC and child care equipment.

In addition to the national applications, in 2019 we submitted several applications in the framework of the Interreg V-A Romania-Hungary Programme.

The "Cross-border cooperation in the prevention and complex care of cardiovascular and peripheral vascular diseases in Timis-Békés county" project aims at the development of health services in two health institutions in Timis and Békés counties in the prevention, diagnosis and treatment of cardiovascular and peripheral vascular diseases.

We have submitted an application with the hospital in Oradea for the "Cross-border development of health services through the provision of modern medical equipment", which involves upgrading the hospital's radiology machinery.

Two other proposals were put on the reserve list, one of which was for the structural transformation and professional development of oncology care, which was also to be implemented with the Timisoara hospital.

Co-financing

Source	Amount	Percentage
ERDF	3.941.241,83	80,00 %
Partner contribution	985.310,46	20,00 %
Partner total eligible budget	4.926.552,29	100,00 %

Origin of partner contribution			
Source of contribution	Legal status of contribution	Amount	% of total partner budget
BVMKK	Public	0,00	0,00 %
HU State Budget	Automatic Public	985.310,46	20,00 %
Total			
Sub-total public contribution		0,00	0,00 %
Sub-total automatic public contribution		985.310,46	20,00 %
Sub-total private contribution		0,00	0,00 %
Total		985.310,46	20,00 %
State Aid			
State aid criteria self-check			
Criterium I: Is the partner involved in economic activities through the project?			
1. Will the project applicant implement activities and/or offer goods/services for which a market exists?	No	not relevant	
2. Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the applicant’s intention)?	No	not relevant	
Criterium II: Does the partner receive an undue advantage in the framework of the project?			
1. Does the project applicant plan to carry out the economic activities on its own i.e. not to select an external service provider via public procurement procedures for example?	No	not relevant	
2. Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business (i.e. not received in the absence of funding granted through the project)?	No	not relevant	
Result of State aid criteria self-check:	No risk of state aid		
State aid relevant activities			
GBER scheme / de minimis			

B.1 Project Partner 4	
Partner number	4
Partner role	PP
Name of the organisation in original language	Unitatea Administrativ Teritorială Județul Arad
Name of the organisation in english	Arad County Council
Organisation abbreviation	CJ Arad
Department / unit / division	-
Partner main address	
Country	România (RO)
NUTS 2	Vest (RO42)
NUTS 3	Arad (RO421)
Street, House number, Postal code, City	Corneliu Coposu 22 310003 Arad
Homepage	www.cjarad.ro
Address of department / unit / division (if applicable)	
Country	România (RO)
NUTS 2	Vest (RO42)
NUTS 3	Arad (RO421)
Street, House number, Postal code, City	Corneliu Coposu 22 310003 Arad
Legal and financial information	
Type of partner	Local public authority
Subtype of partner	
Legal status	Public
Sector of activity at NACE group level	0.84.11
VAT number (if applicable)	3519941
Is your organisation entitled to recover VAT based on national legislation for the activities implemented in the project?	No

Legal and financial information	
Other identifier number	3519941
Other identifier description	Fiscal Identification Code
PIC (from EC Participant Register)	891497319
Contact	
Legal representative	Iustin-Marinel Cionca-Arghir
Contact person	Alisa Elena Barboni
Email	elena.cojocaru@cjarad.ro
Telephone no.	0040 357 731 296
Motivation	
Which of the organisation's thematic competences and experiences are relevant for the project?	
<p>Arad County Council is a public administration body with responsibilities in providing public services to the population, being responsible for the social and economic development of the county, for managing the assets and the public services of the county, as well as for the inter-institutional cooperation. According to GEO 57/2019 on the Administrative Code, in exercising its powers, the county council ensures, among other things, according to its competences and under the conditions of the law, the necessary framework for the provision of public services of county interest regarding health. In this sense, the permanent concern is the investments for the efficiency of medical services, the improvement of medical staff capacity, modernization of the medical infrastructure, investments managed by the own staff.</p> <p>According to Government Ordinance no. 70/2002 regarding the administration of public health units of county and local interest, the material base of the clinical hospitals was also transferred to the county councils. Thus, the lands and buildings where the clinical hospitals operate are an integral part of the public domain of the counties.</p> <p>The investment proposed in the project will be implemented in the main building of Arad County Emergency Clinical Hospital which is Arad County Council property and administrated by Arad County Emergency Clinical Hospital for 99 years from the signing of the agreement in 2006.</p> <p>The building is located in the municipality of Arad. According to the Decision of Arad County Council no. 169/06.07.2010, Arad County Council takes over the management of medical assistance for Arad County Emergency Clinical Hospital. Since the early phases of European funding's, Arad County Council has implemented projects, that covered the areas of waste management, emergency situation management, health infrastructure enhancement, roads infrastructure development, with significant results not only at a county level but also on regional and cross-border level. Considering that the modernization of the health system in Arad County is a priority for Arad County Council, this funding represents an opportunity to continue this endeavor. It is also desired to continue cross-border cooperation in the field of health through relevant projects to improve the quality of medical services provided to patients. In order to support numerous oncological patients, the Medical Oncology Clinical Section operates within the Arad County Emergency Clinical Hospital.</p>	
What is the role (contribution and main activities) of your organisation in the project?	

Motivation

In Arad county, the trend of oncological pathologies is increasing, malignant pathologies occupying the first place as a morbidity rate. In conclusion, the diagnosis of new oncological cases is increasing. Radiology and Medical Imaging Laboratory (RMIL) has limited endowments with high-performance radiodiagnostic equipment currently available. Currently RMIL is equipped with 24 radiology and medical imaging equipment (RX, CT, MRI) and 2 ultrasound machines. The existing equipment only allows carrying out partial radiodiagnostic activities and ongoing follow-up of oncological cases. When choosing the necessary equipment in the project, it was taken into account the specifics activity and pathologies registered in Arad county in order to ensure the quality of the medical act by purchasing high-performance equipment, to strengthen the capacity of Arad County Emergency Clinical Hospital (ACECH) to detect cancer in early, potentially curable stages, offering oncology patients the chance to establish personalized treatment according to the profile of the tumor identified within the same health unit and in the shortest possible time. Through the project it is desired to increase capacity of investigation and diagnosis for the establishment of personalized treatment in the shortest possible time for oncological patients and to increase capacity of early detection of oncological cases. It will also:

- contribute to the massive reduction of late full diagnosis of the disease;
- allow a wider access to appropriate therapeutic options and may lead to a decrease in the percentage of preventable mortality;
- contribute to the decrease delaying in the initiation of neoadjuvant/adjuvant oncological therapies;
- will allow access to testing the effectiveness of oncological therapeutic schemes for the correct identification of the relevant type of therapy, to establish personalized innovative treatments.

The project aims, also, to increase the professional level of medical services within the ACECH by ensuring the provision of high-performance equipment for strengthening capacity to diagnostic, control and monitor the main risk factors that determine the appearance of oncological problems affecting the population of the county:

- Ultrasound machine;
- Automated system for preparing personalized cytostatic medication including microbiological hood;
- Lithotripsy laser;
- High-resolution micro-ultrasound system;
- Urological endoscopy kit.

Further to the above, ACECH will be involved in promoting a healthy lifestyle in the county. Arad County Council and the other partners will be involved in organize workshops and exchanges of experiences with the participation of medical specialists from the two counties. PP4 project management will also contribute to the development of strategies and dashboard, through evaluation and if required ammendment of working documents and testing. Activity of PP4 management will be supported by internal experts as per job descriptions.

If applicable, describe the organisation's experience in participating in and/or managing EU co-financed projects or other international projects.

Arad County Council has a Department for Development Programs, specialized in contracting and implementing projects with European funding. The organization has also a Department for the management of hospitals. All partners involved in the project have experience in managing cross-border projects and are familiar with the requirements of the Program.

The project implementation unit will involve staff from these departments as well as from the financial and technical departments, all with ample experience in projects with EU funding and particularly from HU-RO Cross-Border Cooperation Programme 2007-2013: "Building cross-border connecting road Elek - Grăniceri HURO_AF/0802/002" and "Building cross-border connecting the road Dombegyház - Variașu Mic"; INTERREG V A Romania - Hungary 2014-2020 "Joint prevention and surveillance of infectious

Motivation

diseases and hospital-acquired infections in Arad, Makó and Hódmezővásárhely" in partnership with Hódmezővásárhely-Makó Health Care Centre, "Connecting communities to the TEN-T infrastructure in the Romanian - Hungarian border area", "Shared problems, joint solutions - improving cooperation between Arad and Bekes public administration", "Cross - border network for disaster resilience and emergency situations risks management".

Regarding the experience of managing projects as respects the modernization of the medical infrastructure, during the 2014 - 2020 programming period, Arad County Council has implemented several projects. The projects were submitted within Large Infrastructure Operational Program 2014-2020, Regional Operational Program 2014-2020, INTERREG V A Romania – Hungary Program, National Recovery and Resilience Plan.

In the 2021-2027 programming period, Arad County Council submitted 4 projects within the Health Program, of which 2 projects are in the contracting stage at the time of writing this funding request

Co-financing

Source	Amount	Percentage
ERDF	760.000,00	80,00 %
Partner contribution	190.000,00	20,00 %
Partner total eligible budget	950.000,00	100,00 %

Origin of partner contribution

Source of contribution	Legal status of contribution	Amount	% of total partner budget
CJ Arad	Public	19.000,00	2,00 %
RO State Budget	Automatic Public	171.000,00	18,00 %

Total

Sub-total public contribution	19.000,00	2,00 %
Sub-total automatic public contribution	171.000,00	18,00 %
Sub-total private contribution	0,00	0,00 %
Total	190.000,00	20,00 %

State Aid**State aid criteria self-check**

Criterion I: Is the partner involved in economic activities through the project?

1. Will the project applicant implement activities and/or offer goods/services for which a market exists?	No not relevant
---	----------------------

State aid criteria self-check	
Criterium I: Is the partner involved in economic activities through the project?	
2. Are there activities/goods/services that could have been undertaken by an operator with the view to making profit (even if this is not the applicant's intention)?	No not relevant
Criterium II: Does the partner receive an undue advantage in the framework of the project?	
1. Does the project applicant plan to carry out the economic activities on its own i.e. not to select an external service provider via public procurement procedures for example?	No not relevant
2. Will the project applicant, any other operator not included in the project as a project partner or the target audience gain any benefits from its project economic activities, not received in the normal course of business (i.e. not received in the absence of funding granted through the project)?	No not relevant
Result of State aid criteria self-check:	No risk of state aid
State aid relevant activities	
GBER scheme / de minimis	

C - Project description

C.1 Project overall objective

Below, you can see the Programme priority specific objective your project will contribute to (chosen in section A.1.).

RS04.5: Ensuring equal access to health care and fostering resilience of health systems, including primary care, and promoting the transition from institutional to family and community based care

Project overall objective

Now think about your main objective – what do you aim to achieve by the end of your project? Remember your project needs to contribute to the programme's objective.

Your objective should:

- be realistic and achievable by the end of the project, or shortly after;
- specify who needs project results and in which territory;
- be measurable – indicate the change you are aiming for.

Through the support of joint initiatives the overall objective – Identification and exploitation of possible synergies of the healthcare systems in the cross-border region through the implementation of complex set of tools – aims to provide equal opportunity to the access of the healthcare system for the population of the RO-HU cross-border area. In line with SO4.5, the overall objective also aims to support the creation of suitable conditions for a community-based integrated healthcare system.

C.2 Project relevance and context

C.2.1 What are the common territorial challenge(s) that will be tackled by the project?

Please describe why your project is needed in the programme area and the relevance of your project for the programme area, in terms of common challenges and opportunities addressed.

In the past decade Békés County specifically has witnessed an extremely significant decline in population (in case of Békés volume of decrease is 12,4% between 2011 and 2022). Besides migration, low birth rate (-13% in Békés between 2011-2022) may be identified as a major cause of this negative tendency, resulting in a highly aging local population more prone to chronic diseases. The rural environment of the Western region of Romania is demographically also characterized by a low population density, demographic decline due to migration and population aging, a relatively high mortality rate.

As highlighted in the OECD Country Health profiles (CHp) for Hungary, the country has experienced an overall drop in life expectancy of 0.3 years between 2019 and 2022. In 2022, life expectancy at birth was 76.2 years, which is the fifth lowest level in the EU. As a major factor of relative low life expectancy smoking and higher level of obesity may be identified. Although a large portion of all deaths in Hungary are caused by ischaemic heart disease and stroke, cancer is also responsible for a large number of deaths. Statistical data show that especially lung and colorectal cancers are considered to be major cancer sites in Hungary (the country was estimated to record a over 62 000 new cases of cancer in 2022 according to the JRC). Datas in Romania's CHp show that in 2022, average life expectancy at birth in Romania was 75.3 years. Regarding the major causes of death data show that more than half of all deaths in Romania in 2020 were from cardiovascular diseases, while mortality from all types of cancer accounted for one in six deaths. According to the Country Health profile Romania has cancer mortality rates 48% higher than the EU average among people aged 15 to 64. In Romania, the incidence rate of cervical cancer and the mortality rate are the highest in the EU. From the statistical data provided by the Arad County Hospital and the institutions that manage public health, the main diseases in the county are cardiovascular, oncological and those related to diabetes. According to Directorate of Public Health Arad data, the number of Arad residents diagnosed with cancer is increasing, with Arad County occupying leading place in the top of the counties with the most cases of neoplasia.

In modern society health consciousness is becoming more widespread. Prevention is an integral part of this attitude including going to screening tests regularly. Practical experience shows that focused prevention activities and awareness raising campaigns contribute to the improvement of health consciousness of communities. Our project aims to improve the quality of life of the local population in the cross-border area through improving infrastructural background of and access to the healthcare system with a complex and integrated approach. To improve territorial competitiveness and social resilience, it is important that various social groups are involved in the project. In our project the middle age groups and elderly people are in focus of awareness campaigns focusing on the importance of regular attendance in screenings. Prevention activities will also focus on this target group with specific actions.

The younger age groups (24 years old and younger) will be in focus of prevention activities as unhealthy lifestyles and improper nutrition in younger ages significantly contribute to the development of circulatory system diseases in elderly age. Promoting healthy nutrition, highlighting risks of being overweight, – among other topics these will be in the focus of the activities.

A better access to a wide range of public services contributes to the improvement of quality of life of local communities. For constant improvement of access to health care systems, monitoring of processes and flow of patients in the cross-border area is required. As recommended in the AEBR DG SANTE Report, this approach supports analysis and evaluation of data to contribute to better understanding the operation of cross-border healthcare systems and enable stakeholders to set up a

more integrated structure. As an Overarching Cross-border Health Co-operation strand setting up the framework of a sustainable Co-operation on Population Health Data is a core activity in our project. Aiming to deepen cross-border co-operation in healthcare, activities include pooling and collation of a wide range of statistical data through the multi-level cooperation of the stakeholders. This action constitutes cross-border co-operation between health systems in a border region and as such is relevant to some of the intentions underlying the EU Directive on the Rights of Patients in Cross-Border Healthcare. During the preparation and implementation of complex data management activity the possibilities lying in the emergence of further digital innovations such as AI, digitalisation in healthcare, etc. will also be explored.

C.2.2 How does the project tackle identified common challenges and/or opportunities and what is new about the approach the project takes?

Please describe new solutions that will be developed during the project and/or existing solutions that will be adopted and implemented during the project lifetime. Describe also in what way the approach goes beyond existing practice in the sector/programme area/participating countries.

Diminishing and aging population, bottlenecks in the healthcare system specifically in rural areas, relatively low territorial competitiveness. Challenges that both Békés and Arad counties need to face and have to be addressed through joint interventions. Aging population increases pressure both on the infrastructure and the human capacities of the healthcare system in the cross-border area resulting in the deterioration of the quality of health services in certain parts of the cross-border area. Studies in the meantime show that better and more complex data are needed for a better understanding of the processes and for a more effective joint intervention during planning and delivery of healthcare and population health planning/interventions. Joint activities will ensure that project benefits are mutual and lead towards a more integrated approach of health care (such as coordinated shared services etc.) supporting patient mobility in the cross-border area.

The project will use a number of innovative interventions to deal with the emerging problems. To support need driven development of cross-border healthcare system, community planning techniques will be applied during implementation to determine community needs, set goals and priorities through the active participation of local communities. Cross-border data collection, data analysis, evaluation of bottlenecks and joint examination of the results are also realized in the framework of several workshops. The proposals will be recorded in a common strategy. The method of community planning is also part of the implementation of the pilot project elements.

Through network cooperation, the project builds a close and regular relationship between the partner organizations. The purpose of this is to create frameworks for common data use and interpretation, and to develop a health development model defined on the basis of common data. Networking and community planning activities will also focus on expanding the partnership to support sustainability of the project results and the transfer of good practices on – among others – the practical implementation of Integrated Care.

One of the main tasks of the project is to develop the foundations of the common data management network and to make proposals for related technological solutions. During data management, we want to pay special attention to the application of the principle of comparability. As an important and at the same time limiting factor, special attention must also be paid to the handling of sensitive data. As an improved data collection and –management tool, the database and its integral part, the dashboard to be created will ensure user-friendly access to a wide range of specified data (statistical office, questionnaire survey, etc.). DENIM project will also explore how integration of health and patient mobility data with regional spatial planning evidence (e.g. Smart Regions, Smart Cities) can lever added benefits for future data collection on patient mobility and contribute to smart and resilient regions.

It's worth mentioning that while current project has specific target groups and clinical priorities, the

project model will be durable and can be used to address further agreed population health priorities in the post-2027 period, such as women's health needs and population mental and emotional health and wellbeing.

Through soft activities the project also facilitates the implementation of pilot project elements. The pilot programs support the implementation of the main activity elements, contribute to the creation of innovative new methods (e.g. integrated health promotion model, high-end digital solutions etc.), and promote the development and operation of the relationship between OSI projects. Activities focusing on the pilot elements of the project aim to improve access to healthcare services in the cross-border area while developing new approaches to clinical care based on evidence of population health needs in border areas (data management).

As outputs of joint activities strategic documents (e.g. cross-border multi-stakeholder population health improvement strategy, Strategic papers highlighting unmet population health needs etc.) are meant to provide the formal framework for a more extensive, long-term and sustainable strategic cooperation.

The primary target group of the project was made up of people between the ages of 40 and 65, young people, and residents at risk of diabetes and cardiovascular diseases. To support multilevel approach, secondary target groups of the project include educational institutions, decision-makers, hospitals, national authorities and clinical experts as well as a novel element: health insurers and all other relevant data owners in the cross-border region. The results of the project will positively affect the quality of life of all residents of the two border counties in the long term.

C.2.3 Why is cross-border cooperation needed to achieve the project's objectives and result?

Please explain why the project objectives cannot be efficiently reached acting only on a national/regional /local level and/or describe what benefits the project partners/target groups/ project area/programme area gain in taking a cross-border approach.

The RO-HU cross border area and specifically Arad and Békés counties are facing rather similar demographic challenges. Besides migration, low birth rate may be identified as a major cause for a highly aging local population more prone to chronic diseases. Also a major obstacle for regionally balanced health care is that people living in remote border areas and in places further away from dense population centres in Romania and Hungary have limited access to high level health care services. These tendencies result in increased pressure on the health care system in a period when need for a higher level integration in both territorial level and in health care services prevails. Partners contributing in the project decided to focus on laying down the foundations of a cross-border integrated healthcare model to provide optimum usability of health services and equal access to health care by all people living in the border region as well as to improve patient mobility in the cross-border region. In preliminary preparatory meetings specific needs addressed by the project have been identified. The project partners have agreed that greater sharing of services and resources (eg. data) in the cross-border region and to intensify the cooperation between citizens and institutions are crucial for improving the efficiency of health systems. This recognition is in line with legislative processes in the EU, such as the approval of the inter-institutional agreement on establishing European Health Data Space (EHDS) in April 2024, a health specific ecosystem comprised of rules, common standards and practices, infrastructures and a governance framework.

As a cross-border initiative implemented by the partner organizations, our project in the long term aims to improve the quality of life of the population in the cross-border area, strengthen synergies between RO and HU healthcare systems and in the long term support territorial cohesion.

The overall objective – „Identification and exploitation of possible synergies of the healthcare systems in the cross-border region through the implementation of complex set of tools” – shall be achieved through cross-border interventions designed in the framework of 5 WPs. Addressing the above common territorial challenges the activities to be implemented offer a joint solution and reflect

an integrated approach with special focus on prevention activities and treatment of cancer, one of the main cause of death in the region. The complex set of tools applied in the project also include the development of healthcare infrastructure (both equipments and building infrastructure) (WP2) in the cross border region to improve equal access to services for the population of the cross-border area. WP1 and WP3 will focus on campaign events, workshops, social media campaigns, as well as building up networking capacities in the two counties will focus on the improvement of resilience of the region's healthcare system on a middle and longer-term basis (workshops, exchange of best practices, study tour etc.). Awareness raising activities to promote earlier intervention and prevention for key target (patient) groups such as elderly people and young age groups will also be implemented. With its cross-border approach the project will focus on developing a territorial health evidence base, collaboration and sharing of data, and approaches to data-driven decision-making which can facilitate future planning for healthcare systems in the crossborder region. It will draw on practice associated with the development of multilevel collaboration spaces in border regions which are focused on resilient and sustainable crossborder healthcare systems. It will be guided by the priorities set out in the State of Health in the EU report, 2023 (ADD reference) which include earlier intervention and health improvement, improved access and more resilient healthcare systems. This complex approach will be supported by pilot activities designed in WP4 with a focus on 'active subsidiarity'- creating a platform for national/regional/local actors to work together as this collaborative space is required in order to deliver a solution which allows for collation, interpretation and translation of data into evidence which can then be used by project partner organizations as well as relevant healthcare and public institutions, NGOs and decisionmakers at regional and local level to implement new ways of working. Post-project community planning events will also support joint development of project results.

With its pilot activities such as joint development of a cross-border Memorandum of Understanding, and preparation of collaborative healthcare and population health statistical data sharing agreement, a wide range of network development our project aims to take the first steps towards a more integrated, resilient and sustainable cross-border healthcare system that may be claimed as a good practice for other similar regions of the EU, too.

C.2.4 Who will benefit from your project outputs?

In the first column of each row, please select one of the pre-defined target groups from the drop-down list. In the second column explain in more detail exactly who will benefit from your project. For example, if you choose the category education, you need to explain which specific schools or groups of schools and in which territory.

Target Group	Specification
Other	Elderly people of Békés and Arad counties: The purchased equipment and the reconstruction works within the project cover the whole population of Békés and Arad counties. The renewed and refurbished, equipped health services will be available for the target group. Elderly people are also target group of prevention and awareness raising activities focusing on the importance of regular attendance in screenings and promoting healthy lifestyle.

Target Group	Specification
Other	Young people of Békés and Arad counties: Unhealthy lifestyle, improper nutrition in younger ages significantly contribute to the development of circulatory system diseases in elderly age. Young people living in the cross-border area are recognised as target group for prevention activities focusing on potential patients with chronic diseases (such as cardiovascular diseases).
Other	<p>Clinical experts in Békés and Arad counties: Clinical experts are also being recognised as primary target group as key actors contributing to professional implementation. Their task in the implementation process is complex, as they participate in the planning of the infrastructural elements of the project, as well as in the implementation of the training programs. Their role in sharing good practices and networking activities is also of prime importance.</p> <p>Clinical experts of the partner organizations are considered to be primary target group, however this however, this group can be expanded with additional clinical specialists during the implementation of the project.</p>
Hospitals and medical centres	This project brings together and fosters cooperation between cross-border field actors in the area, namely Central County Hospital of Békés County and László Elek Hospital of Orosháza. County Hospital of Békés County is one of the largest health unit in the east side of HU, being a regional hospital, which serves an important geographical area. As the fourth largest hospital in Hungary, it is responsible for the healthcare of about 300,000 residents, but the area from which patients are sent to this center is much wider. The Arad County Clinical Hospital serves the population of the whole Arad County and also its neighboring counties.
Other	Decision makers in Békés and Arad counties: The role of decision-makers is important in determining the legal framework that regulates the operation of healthcare systems. They can be also recognised as target group in the identification of possibilities for integration between Hungarian and Romanian healthcare systems. Local, regional decision makers are welcome to participate the networking events.
Other	NGOs and Educational Institutions in Békés and Arad counties: NGOs operating in the health care sector may contribute to the development of the integrated healthcare models, while educational institutions (medical schools in Arad and Békés Counties) may contribute to the development and implementation of training programmes. NGOs operating on local, regional or national level can also play a prominent role in the preparation and implementation of network activities.
Other	Health insurers and all other relevant data owners in the cross-border region: Health insurers, healthcare providers and cross-border organisations will be key partners in the development of data collection and evaluation mechanisms. Their contribution to the project is of paramount importance to ensure that data collected on cross-border care includes information on types of treatment accessed, and can differentiate between different reimbursement tools used, including local and regional tools.

Target Group	Specification
National public authority	<p>The national public authorities in Hungary and Romania benefitting due to the implementation of this project are the two Health Ministries. Fostering the performance of the public medical services delivery systems is in their high interest, besides the development of new joint approaches within the common Romania-Hungary border region.</p> <p>The investments and soft activities realized in the frame of the project will enable to improve the quality of healthcare services to be provided to the area's population, as it is common in border regions for patients to seek care on the other side of the border.</p>
General public	<p>Our project is designed to have a positive impact on a significant number of the inhabitants. The general public will benefit following implementation of the project as a general improvement of the health care infrastructure (in terms of capacity and accessibility) and also an increase of the participating hospitals' professional capacities will be achieved. Individually, persons from the cross-border area facing serious health issues conducting to states that impose the resort to intensive care therapy, will have better chances to survive and to recover, given the fact that a surplus of knowledge exposed during the project activities will diffuse within the ecosystem active in this field via participation of doctors from the whole program area. On longer term, the results of the project could serve as models for further collaboration towards improved accessibility to cross-border medical services, resulting in benefits for the program area population.</p>

C.2.5 How does the project contribute to wider strategies and policies?

Please indicate to which strategies and policies your project will contribute. Then describe in what way you will contribute.

Strategy	Contribution
Territorial Agenda 2030	<p>The project contributes to the Territorial Agenda 2030 which addresses inequalities between places and people and advocates for a future for all places. The action aims to create a better understanding on how the policy impacts territories to design better policies that are place-sensitive and addresses the needs of communities and citizens. The project contributes to the Agenda 2030 for sustainable development with the global objectives "Health and well-being – Ensuring healthy living and promoting wellbeing for all ages".</p> <p>Recognizing the need for future integration of the health systems in the cross-border region our project also supports the idea of functional regions introduced in the Agenda. In line with the overall objective aiming to support the creation of the necessary conditions for a community-based care system, the Agenda highlights the role of local and regional decision makers to strengthen cooperation on long-term place-based strategies and address sustainable functional links between neighbouring areas.</p>

Strategy	Contribution
EU Strategy for the Danube Region	Priority Area 10 (PA 10) of the EU Strategy for the Danube Region (EUSDR) aims at stepping up institutional capacity and cooperation. As detailed in the EUSDR Action Plan, activities of PA10 aim to facilitating the administrative cooperation of communities living in border regions. This is in line with the overall objective of our project supporting community driven planning and development of healthcare services.
Other	The Regional Strategy for Development 2021-2027- West Region: The project contributes to The Regional Strategy for Development 2021-2027- West Region, Priority 2. "Inclusive access to efficient, innovative, medical patient oriented services", Specific objective "Improving the health of the population and increasing lifespan through development of an efficient and accessible medical system". This strategy notes the precarious state of healthcare units in the Romanian eligible area that concerns infrastructure, endowments and equipments.
Other	Development Strategy of Arad County for 2021-2027: The project contributes to the Development Strategy of Arad County for 2021-2027, Priority Axis "Increasing the quality of current and emergency medical services, especially in areas with reduced access".
Other	Healthy Hungary – Health Sector Strategy 2021-2027: Hungary's „Healthy Hungary – Health Sector Strategy 2021-2027” aims to improve the overall health status of the Hungarian population. It also aims to improve the quality of the service sin the clinical institutions and strengthen digitalization in the public service sector. These objectives are in line with our project's overall objective aiming to provide equal opportunity to the access of the healthcare system for the populitíon of the cross-border region.
Other	Spatial Development Programme of Békés County 2021-2027: Specific objective 2 of the spatial development program focuses on the improvement of accessibility of quality public services. Highlighting the need to improve health services, the program's intervention logic is supported by the overall objective of our project, focusing on the development of healthcare services.
Other	Masterplan for health services in the West Region: According to the regional Masterplan for health services in the West Region, the lack of regulations regarding the provision of high-performance equipment in hospitals, the lack of current and comparable data at national and European level for all hospitals (public and private), makes it difficult to set regional/county targets. In this context, the recommendation is that the planning of measures to establish the regional, county or unit-level need for the main high-tech equipment, until 2030.

Strategy	Contribution
Other	National Health Strategy "Together for health 2022-2030: The current National Health Strategy "Together for health 2022-2030", continues the objectives of the previous strategy and responds to the needs of structural reforms of the health sector. Within it, OS4.3. Increasing performance and streamlining the capacity for diagnosis, treatment and monitoring in ambulatory care aims to ensure the necessary services in a fast, accessible and quality manner.

C.2.6 Which synergies with past or current EU and other projects or initiatives will the project make use of?

Project or Initiative	Synergy
European Health Union initiative (EHUi)	European Health Union initiative (EHUi) is also supported by the project's overall objective as the initiative helps better protecting the health of EU citizens, while European Health Data Space – one of the central building blocks of EHUi – aims to improve improve healthcare delivery across the EU, by empowering people to control their health data in their home country or in other EU countries.
EU strategic framework on health and safety at work 2021-2027	As the EU strategic framework on health and safety at work 2021-2027 puts it, „globalised world, health and safety threats do not stop at borders. Countries around the world benefit from exchanging best practices and learning from each other's experiences”. In line with this, our project includes activities aiming to improve communication between clinical institutions in the cross-border area, as well as supporting exchange of experience and best practises and also develop new forms of cooperation.
EU Directive on the Rights of Patients in Cross-border Healthcare	Article 20 of the EU Directive on the Rights of Patients in Cross-border Healthcare places a legal requirement on Member States to report data to the European Commission for the purpose of monitoring cross-border patient mobility. Our project contributes to the development of monitoring tools through its pilot actions in the cross-border area to support equal access to innovative health care services.
EU4Health programme	With a focus on identifying possible synergies of the healthcare systems in the cross-border region, the project's overall objective is in line with the EU4Health programme adopted as a response to the COVID-19 pandemic reinforcing crisis preparedness in the EU, and focusing on supporting prevention, preparedness and response to cross-border health threats and reinforcing health data, digital tools and services, digital transformation of healthcare.
Inter-institutional agreement by the European Parliament on establishing a European Health Data Space (EHDS)	<p>The EHDS when in operation will empower patients to access their health data in an electronic format, including from a different member state to the one in which they live, and allow health professionals to consult their patients' files with their consent (so-called primary use), also from other EU countries. These electronic health records (EHR) would include patient summaries, electronic prescriptions, medical imagery and laboratory results. The law will make it possible to transfer health data safely to health professionals in other EU countries (based on MyHealth@EU infrastructure), for example when citizens move to another state. It will be possible to download the health record free of charge.</p> <p>Through its overall objective to strengthen synergies between the RO and HU healthcare systems DENIM project will support the development of tools and techniques of effective datamanagement and datasharing. Our project will also contribute to the evaluation of possibilities of the integration of national healthcare systems to support equal access to healthcare services.</p>

C.2.7 How does the project build on available knowledge?

Please describe the experiences/lessons learned that the project draws on, and other available knowledge the project capitalises on.

While making use of available knowledge and building on existing results and practices gained by the partners, our project aims to avoid overlaps and provides new and innovative solutions to specific problems with cross-border nature. In the course of the preparation of DENIM project project partners have shared their existing experience and also identified and examined several aspects of the relevant challenges (demographic tendencies, quality of healthcare infrastructure, operational efficiency of the healthcare system, possibilities of integration, networking, data management, legislative background etc.).

During the strategic development process as part of the preparation for the 2021-2027 period both Békés County Council and Arad County Council have elaborated its long term spatial development concept. These documents have identified major territorial challenges and have defined program objectives and priorities. Development of public services and specifically healthcare services is one of the key issues identified by both strategic documents.

Competitive regions with increasing population are characterized by high quality public services one of these being a resilient and sustainable healthcare system. Diminishing and aging population as one of the key challenges in both counties increases pressure both on the infrastructure and the human capacities of the healthcare system in the cross-border area resulting in the deterioration of the quality of health services in certain parts of the cross-border area. Improvement of the quality of both the infrastructure and the human resources is of high importance in the future in order to ensure a suitable quality of life for local population and to stop or even reverse unfavorable demographic tendencies.

Also international best practise suggests – as presented in the AEBR DG SANTE Report – that a possible future integration of the Romanian and Hungarian healthcare systems in the cross-border region might improve access to health services in the long term. It is however necessary to initially examine the risks and effects of this process from many different aspects (technologies, human resources, financing, national and EU level legislative framework etc.). As one of the key issues raised is the potentials in the application of telemedicine and use of artificial intelligence, actions of this jointly developed cross-border approach also build upon the opportunities inherent in digital technologies (such as analysis of extensive use of remote services, eximantion of potentials in the use of AI in health care services, data management, development of digital tools supporting the assessment, diagnosis, treatment and monitoring of patients). In doing so it is the PP's definite intention to build upon and adapt to EU level legislative processes, such as the inter-institutional agreement on the future operation of European Health Data Space (EHDS).

Based on international experience project partners also understand that further exploration should take place in border regions of approaches to clinical care provision which are based on evidence of population health needs in border areas (data collection mechanisms, data analysis and -evaluation). These explorations shall form as a basis for coordinated shared services and also clinical innovation in patient care, including integrated care models.

It is also of paramount importance to improve co-operation of healthcare providers, decisionmakers, NGOs and other actors int he field. As the example of the co-operation among professional organizations in Lower Austria/South Bohemia (Healthacross) proves regional and supra-regional health care interests can be brought together to improve patient mobility and provide equal acces to quality health services.

A more integrated healthcare system with quality infrastructure and improved data collection mechanisms does not alone improve the quality of life of the population. In modern society health consciousness is becoming more widespread. Prevention is an integral part of this attitude including going to screening tests regularly. Improving primary and secondary prevention is essential to improve cancer survival. As countless studies have shown, the fight against cancer can only be successful through early detection and early treatment. Practical experience shows that focused

prevention activities and awareness raising campaigns contribute to the improvement of health consciousness of communities contributing in long term to the improvement of the health status of the population in the cross-border area.

C.3 Project partnership

Describe the structure of your partnership and explain why these partners are needed to implement the project and to achieve project objectives. What is the contribution of each partner to the project?

The LP will be Békés County Council, responsible for overall management, and procurement of services in Hungary. Also responsible for coordination of project activities, has required capacities to implement the project.

The hospitals (PP2 and PP3) are the key players in healthcare services in the county, with required experience in the field. With experience in the implementation of healthcare development projects PP2 and PP3 also contribute to the overall management of the project.

Arad County Council (PP4) will implement procurement of equipment and their experts will support professional activities such as elaboration of questionnaire, preparation of strategy, networking events.

Why these partners are needed to implement the project and to achieve project objectives
County Councils:

- experience in strategic planning, and project implementation
- are familiar with the challenges the cross-border area is facing (depopulisation, poor quality of healthcare infrastructure, declining competitiveness)
- key actors of the local and regional decisionmaking process with required authority and competencies

Hospitals:

- have the required background knowledge to support improvement of resilience of healthcare system
- have the required capacities to implement healthcare development project
- accurate knowledge of healthcare status of local population

Contribution:

LP1: Békés County Council, overall management, and coordination of project activities, has required capacities to implement the project. Also responsible for external services such as preparation of strategies, data management platform, pilot programmes.

PP2, PP3: Key players in healthcare services in the county, with required experience in the field. Are capable to contribute to exchange of experience in the frame of the project and also ready to contribute to setting up a network of healthcare providers and other organizations. The two partners will implement procurement of equipment and building activities and their experts will support professional activities such as elaboration of questionnaire, preparation of strategy, networking events. Also contributes to administrative management.

PP4: Arad County Council will implement procurement of equipment and their experts will support professional activities such as elaboration of questionnaire, preparation of strategy, organize networking events (workshops). Also organize communication events (opening conference). Also contributes to administrative management. Activity of PP4 management will be supported by internal experts as detailed in attached job descriptions.

C.4 Project work plan

Number	Work package name
1	Sustainable communication and dissemination
2	Complex activities to improve the quality of the health care system in the cross-border area
3	Awareness raising activities to improve the health status of the cross-border regional population
4	Pilot actions in the cross-border area to support equal access to innovative health care services
5	Efficient management of the project

Work package 1

Work package title

Sustainable communication and dissemination

Objectives

Your objectives should be:

- realistic and achievable by the end of the project;
- specific (who needs project outputs delivered in this work package, and in which territory);
- measurable – indicate the change you are aiming for.

Define one project specific objective that will be achieved when all activities in this work package are implemented and outputs delivered.

The WP focuses on the communication & dissemination of the project's activities & achieved results, including means of internal & external communication. The SO also aims to deepen the partnership and expand it with new partners through the application of a complex set of tools.

A Comm. and Dissemination Strategy (CDS) is developed that outlines the objectives, key messages, communication channels, target audiences, timelines and mechanisms for evaluating the effectiveness of channels and activities. Online comm. materials, short videos, workshops & seminars are kept will share best practices with other stakeholders which will contribute to the wide transfer of project results. Networking activities aim to gather stakeholders & sharing info with communities in the CB area as well as sharing best practices & knowledge with stakeholders in different levels of the health care system. Primary target groups of the SO are management members, groups of stakeholders, external experts.

Think about the communication objective that will contribute to the achievement of the specific objective. Communication objectives aim at changes in a target audience's behaviour, knowledge or belief.

Through its CDS strategy, the project aims to ensure that its activities are well-promoted, stakeholders are engaged & the project's objectives are effectively communicated to the target audience. Comm. objectives will be aligned with promoting awareness, understanding, and engagement, such as increase public awareness about the availability and benefits of quality medical services and the importance of screening and prevention, ensure a clear understanding among the target audience regarding the range and significance of preventive medical services and health-conscious living choices, encourage elderly individuals to actively engage with & utilize available medical services. By aligning communication objectives with these strategies, the importance of preventive medical services will be stressed. Dissemination of best-practises to professionals and stakeholders in different levels of the health care system can promote the further-sophistication of medical services and strategies.

Activities

Activity 1.1	
Title	Project communication activities
Start period	Period 1, 1 - 4
End period	Period 9, 33 - 36
Description	Mandatory and needed communication activities supporting effective dissemination of project objectives, activities and results (webpage, mandatory billboards and plaques at the infrastructure renovated facilities, SM platforms, organisation of events, promotional materials, brochure). Contracted external service providers will deliver the needed communication and dissemination measures: preparation of strategy, promotional materials, catering, interpretation, etc. services needed for the events.
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 1.1			
Running number	Deliverable title	Description	Delivery period
D.1.1.1	Project Communication and Dissemination Strategy is prepared	The Project Communication and Dissemination Strategy includes the measures of both internal and external project communication, associated tasks, responsibilities and timelines (1 pc, 75 pages).	Period 2 , 5 - 8
D.1.1.2	Project webpage and purchase of mandatory & necessary communication packages is completed (LP&PP4)	A dedicated project webpage will be created and continuously updated and managed by LP. Mandatory and other tools for communication purposes are getting prepared.	Period 9 , 33 - 36
D.1.1.3	Social media platforms of the project created & operated through the whole project (Fb /Ig/X/Tik-Tok)	This task will be up and running from Period 2 and managed by external comm. agency/monitored by LP's Administrative and Comm. Manager	Period 9 , 33 - 36
D.1.1.4	Opening conference in Arad is held	The project opening conference will be organized by PP4 at its headquarters in Arad, with the participation of all	Period 1 , 1 - 4

Deliverables 1.1			
Running number	Deliverable title	Description	Delivery period
		project partners and local /regional media, as well as invited guests of stakeholders and local institutions from both sides of the border. Expected participants: 50 people.	
D.1.1.5	Closing conference in Békéscsaba is held	The closing conference will be organized by LP in Békéscsaba, with the participation of all PPs and local /regional media, invited guests of stakeholders & local institutions across borders. The aim is to present the implemented activities & results of the project, for 50 expected participants.	Period 9 , 33 - 36

Activity 1.2	
Title	Networking activities - exchange of best practices
Start period	Period 1, 1 - 4
End period	Period 8, 29 - 32
Description	Professional networking events and workshops supporting development and expansion of partnership and the transfer of good practices (with the participation of medical experts, doctors, nurses, other stakeholders). The aim of the activity is the quality improvement of clinical care based on exchange of best practice across the border region.
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 1.2			
Running number	Deliverable title	Description	Delivery period
D.1.2.1	Prof. Networking Events for developing & expanding the partnership & transfer of good practices	With a total number of 15 participants; a total of 2 events (2 in HU) with a total number of 30 participants from both sides of the border (for medical experts, doctors, nurses).). Good practise transferred include those gained on diverse subject areas, such as data management.	Period 7 , 25 - 28
D.1.2.2	Workshops	1 workshop with a total number of 15 participants; a total	Period 5

Deliverables 1.2			
Running number	Deliverable title	Description	Delivery period
	supporting effective transfer of best practise (for decision makers, NGOs, etc.)	of 2 events (1 HU, 1 RO) with a total number of 30 participants from both sides of the border. Best practise transferred include those of on diverse subject areas, such as data management, digitalization etc.	, 17 - 20
D.1.2.3	Workshops on the international best practises for the practical implementation of Integrated Care	1 workshop with a total number of 15 participants; a total of 2 events (1 HU, 1 RO) with a total number of 30 participants from both sides of the border - with the participation of clinical experts, decisionmakers to introduce the international best practises on Integrated Care.	Period 4 , 13 - 16
D.1.2.4	Case study on the international best practises for the practical implementation of Integrated Care	A case study will be prepared and disseminated on the international practises of the practical implementation of Integrated Care introducing legal, financial and infrastructural aspects of the issue. The document will also include recommendations on the subject. (1 pc 90 pages)	Period 4 , 13 - 16
D.1.2.5	Study tour aiming to evaluate the international best practise on Integrated Care	Joint study tour aiming to evaluate international best practise on integrated care. Findings of study tour shall be incorporated in the case study. 14 participants (12 HU and 2 RO participants)	Period 2 , 5 - 8

Outputs

Output 1.1	
Output Title	Participations in joint actions
Programme Output Indicator	RCO81_4.5: Participations in joint actions across borders
Measurement Unit	participations
Target Value	104,00
Delivery period	Period 8, 29 - 32
Output Description	Workshops and networking events aim to strengthen partnership through knowledge sharing and transfer of good practises. With the involvement of a wide range of target groups (decision makers,

Output 1.1	
	representatives of NGOs, clinical experts) these events also provide opportunities to expand the partnership.
Output 1.2	
Output Title	Strategies and action plans
Programme Output Indicator	RCO83_4.5: Strategies and action plans jointly developed
Measurement Unit	strategy/action plan
Target Value	2,00
Delivery period	Period 4, 13 - 16
Output Description	Activities of the WP include the preparation of a project Communication and Dissemination Strategy detailing the measures of both internal and external project communication (75 pages), and also a Case study on Integrated Care (90 pages) introducing legal, financial and infrastructural aspects of the issue.

Investments

Work package 2

Work package title

Complex activities to improve the quality of the health care system in the cross-border area

Objectives

Your objectives should be:

- realistic and achievable by the end of the project;
- specific (who needs project outputs delivered in this work package, and in which territory);
- measurable – indicate the change you are aiming for.

Define one project specific objective that will be achieved when all activities in this work package are implemented and outputs delivered.

Currently the building infrastructure and the quality of the equipments fail to fully meet today's regulations and standards. In order to ensure equal access to quality health services, and improve in the long-term the health status of the population, the infrastructural background of the healthcare provider institutions must also be developed.

The SO of the WP focuses on the development of the infrastructure of the cross-border patient care system to improve patients' access to quality healthcare services. Activities supporting the SO include procurement of equipments, devices in Arad, Romania (PP4) and Hungary (Orosháza, Békéscsaba, Gyula: PP2 and PP3) as well as development of building infrastructure required to improve the efficiency of health service available in the cross-border area with a special focus on the treatment of cancer, and chronic and internal medicine care primary causes of death in the region (PP2 and PP3). The WP also focuses on sharing best practises by partners.

Think about the communication objective that will contribute to the achievement of the specific objective. Communication objectives aim at changes in a target audience's behaviour, knowledge or belief.

Due to the size of the investment, the set goals and the complexity of the interventions, DENIM project has an independent communication activity package (WP1).

In connection with the activities in WP2, a priority communication goal is to familiarize the population of the target area with the planned infrastructural investments, that contribute to delivering improved healthcare infrastructure in the cross border region. Also a priority communication goal is to motivate target groups to make use of the improved services in as large a number as possible. Besides, an important aim is to ensure the transparency of the related procurement and public procurement procedures. Also the population of the cross-border area needs to be continuously informed on the available improved healthcare services both in Hungary and in Romania. Through social media platforms direct target groups of the project as well as the wider public can follow the news on the implementation of the project.

Activities

Activity 2.1	
Title	Development of infrastructural background to improve quality health care services in Orosháza (procurement of equipments by PP2)
Start period	Period 3, 9 - 12
End period	Period 7, 25 - 28
Description	<p>The continuous innovation present in the healthcare sector and the growing medical professional needs that go along with it require healthcare providers to provide modern diagnostic, operative, nursing technology and IT tools to ensure a high level of patient care. The purpose of the acquisition of equipment within the framework of this project is to recognize diseases as early as possible, to accurately determine the diagnoses, to provide invasive therapy where possible, and to treat them in the ward.</p> <p>Even ensuring the planned patient care is a difficult task with an outdated, out-of-date, and in many cases, no manufacturer service background. The use of devices that provide a lower diagnostic value represents an additional uncertainty and risk factor. When such devices are used, the lower diagnostic value can be combined with longer examination and detection time.</p> <p>Even at the state level, the possibility of mandatory screening tests for cervical cancer, breast and colon screening has been raised in order to detect diseases as soon as possible. By using the modern tools used in the operative field, the operation time is reduced, the patient's recovery, nursing, possible drug treatment and hospital stay are shortened. The decrease in patient comfort caused by the amortization of care and patient mobility equipment can sometimes lead to new problems and deterioration of the patient's general well-being. Furthermore, there is an unjustifiably greater burden on the often decreasing number of available nursing staff.</p> <p>As part of the planned modernization of breast diagnostics, a mammography device with a 3D tomosynthesis function will be purchased. In addition to traditional 2D images, the mammogram you want to purchase further increases the detail of the images by using 3D tomosynthesis. With this</p>

Activity 2.1	
	<p>technology, even very small changes can be detected. The ultrasound diagnostic tool park for gynecology, radiology, and cardiology is also being developed. Including the possibility of biopsy sampling according to the needs of the relevant professions. As part of the development of one-day surgery, the operating table, the operating lamp and the laparoscopic tower will be replaced and a patient warmer will be purchased in the gynecological operating room. Furthermore, it is also necessary to update the park of hand instruments in the operating room. In Gastroenterology, the flexible endoscopy towers used to examine the lower and upper alimentary canals will be replaced, with LED light sources and advanced technology helping to detect lesions. When diagnosing histological samples, the availability of a suitable, distortion-free and high-contrast microscope is essential. The Department of Ophthalmology will be equipped with a new ultrasound device - which can also be used for pachymetry - and a non-contact tonometer. Partners will also focus on sharing best practises related to testing and operation of medical equipments during PM meetings.</p>
Partner(s) involved	LEK

Deliverables 2.1			
Running number	Deliverable title	Description	Delivery period
D.2.1.1	Development of equipments to improve the quality of healthcare services in Orosháza	Procurement of equipments to improve quality of healthcare services. Focus of development is on different professional areas: breast diagnostics, Gastroenterology, etc. according to attached list of equipments.	Period 7 , 25 - 28

Activity 2.2	
Title	Development of infrastructural background to improve quality health care services in Békéscsaba and Gyula (procurement of equipments by PP3)
Start period	Period 3, 9 - 12
End period	Period 5, 17 - 20

Activity 2.2**Description**

Appropriate and frequent screening tests contribute to the early detection of cancers and chronic diseases, which improves the life prospects of the population in the cross-border area. As a result of the awareness-raising and preventive events implemented within the framework of the project, it is expected that the number of applicants for screening tests will increase significantly, especially in the case of the project's target groups. In order to improve the quality and capacity of healthcare services, a complex equipment procurement program supports the project's goals. The existing equipment park is being modernized in many medical specialties. Among others, the following devices will be purchased: diagnostic ultrasound system, VideoScope for Otolaryngology, HOPKINS® telescope.

Improvement of the quality of gastroenterology examinations is supported by the following purchases: videogastrosopes, endoscopy systems. Equipments supporting radiology examinations will also be procured in the project.

Partners will also focus on sharing best practises related to testing and operation of medical equipments during PM meetings.

Partner(s) involved

BVMKK

Deliverables 2.2

Running number	Deliverable title	Description	Delivery period
D.2.2.1	Development of equipments to improve the quality of healthcare services in Békéscsaba and Gyula	Procurement of equipments to improve quality of healthcare services. Focus of development is on different professional areas: Oncology, Otolaryngology, Gastroenterology etc. according to attached list of equipments.	Period 5 , 17 - 20

Activity 2.3**Title**

Development of infrastructural background to improve quality health care services in Arad (procurement of equipments by PP4)

Start period

Period 4, 13 - 16

Activity 2.3	
End period	Period 5, 17 - 20
Description	<p>Through the project proposed for financing, it is desired to increase the capacity of investigation and diagnosis for the establishment of personalized treatment in the shortest possible time for oncological patients and to increase the capacity of early detection of oncological cases. It will also:</p> <ul style="list-style-type: none"> - contribute to the massive reduction of late full diagnosis of the disease; - allow a wider access to appropriate therapeutic options and may lead to a decrease in the percentage of preventable mortality; - contribute to the decrease delaying in the initiation of neoadjuvant/adjuvant oncological therapies; - will allow access to testing the effectiveness of oncological therapeutic schemes for the correct identification of the relevant type of therapy, for the establishment of personalized innovative treatments. <p>The project aims, also, to increase the professional level of medical services within the Arad County Emergency Clinical Hospital by ensuring the provision of high-performance equipment for strengthening the capacity to diagnostic, control and monitor the main risk factors that determine the appearance of oncological problems that may affect the population of the county such as:</p> <ul style="list-style-type: none"> - Ultrasound machine (with software for ultrasound with contrast substance); - Automated system for preparing personalized cytostatic medication including microbiological hood; - Lithotripsy laser <p>Partners will also focus on sharing best practises related to testing and operation of medical equipments during PM meetings.</p>
Partner(s) involved	CJ Arad

Deliverables 2.3			
Running number	Deliverable title	Description	Delivery period
D.2.3.1	Development of equipments to improve the quality of healthcare services in Arad	The deliverable focuses on ensuring the provision of high-performance equipment for strengthening the capacity to diagnostic, control and monitor the main risk factors (Ultrasound machine etc.), according to attached list of equipments.	Period 5 , 17 - 20

Activity 2.4	
Title	Improvement of the quality of the building infrastructure to improve quality of healthcare in Orosháza
Start period	Period 2, 5 - 8
End period	Period 7, 25 - 28
Description	<p>The primary goal of the investment implemented by PP2 is to improve the infrastructural background necessary to provide balanced health services. In the cross-border area, it is important that the population has equal access to high-quality services, regardless of which side of the border they live. During the development of the capacities, the primary consideration was the implementation of the necessary investments for the effective screening and treatment of the types of diseases that greatly threaten the quality of life of the population of the region.</p> <p>The building was built in the 1960s, then renovated and modernized in the 1990s. Since then, no major renovations have been made to the building or the areas affected by the investment.</p> <p>The investment affects East, West and South wings of the first floor, as chronic and internal medicine care will be implemented. In the affected area, it is important to expand the medical gas supply according to demand, and to renovate the gas centers, because currently it does not fully meet today's regulations and standards. The building is outdated, the coverings and sanitary facilities need to be replaced in several places. The clean painting of the premises has not been done for years, so it is also important to carry out these works from a hygienic point of view. Minor architectural, mechanical, and electrical works were planned in the areas for the sake of patient safety and continuous patient care.</p> <p>Accordingly, the infrastructure for oncology screenings (e.g. breast diagnostics) will be renewed in Orosháza, but the ultrasound diagnostic tool park for gynecology, radiology, and cardiology is also being developed. Partners will also focus on sharing best practises related to investment activities during PM meetings. Partners will also focus on sharing</p>

Activity 2.4	
	best practises related to testing and operation of medical equipments during PM meetings.
Partner(s) involved	LEK

Deliverables 2.4			
Running number	Deliverable title	Description	Delivery period
D.2.4.1	Preparation of technical documentation for investment activities in Orosháza	Preparation of technical documents (drawings, calculations, Construction Technical documentation etc.)	Period 2 , 5 - 8
D.2.4.2	Public procurement	Procurement of related services based on relevant legislation	Period 3 , 9 - 12
D.2.4.3	Refurbishment and expansion of building infrastructure in Orosháza	An outdated building infrastructure shall be rebuilt and modernized according to technical documentation.	Period 7 , 25 - 28

Activity 2.5	
Title	Improvement of the quality of the building infrastructure to improve quality of healthcare in PP3's site in Gyula
Start period	Period 2, 5 - 8
End period	Period 9, 33 - 36
Description	The building – located at 5700 Gyula, Semmelweis Street 1, on plot number 4290 – was built in the 1980s, as a temporary structure, with hospital departments relocated from the H building during ongoing renovations. The design and construction were completed according to the construction standards of the time, but some solutions reflect the temporary nature of the building. The building is vertically structured with a ground floor + 1 full floor + 1 partially built-in floor +mechanical room, and it has a flat roof. The highest point of the building consists of a ground floor plus 3 levels. Currently, it has two entrances: one original on the southeast side and one later addition on the northwest side, as well as a ground-floor passageway connecting to the Radiotherapy Center. As summary it may be

Activity 2.5	<p>stated that with the exception of the reinforced concrete frame structure, almost every element of the building is morally and physically outdated. As a result of the investment by PP3 the building will be adapted to suit the changed healthcare service model. On the ground floor, expanded outpatient care facilities will replace the existing inpatient care. This will include a therapy room with 23 seated and 6 lying spots, 5 examination-treatment rooms, an EKG room, and a blood sampling area. The ground floor will also host the CATO laboratory, designed according to regulatory infrastructure requirements, along with necessary social and auxiliary spaces. The ground floor will be designed to be fully accessible. Inpatient care will be located on the first floor, with 5 five-bed rooms, 2 two-bed rooms, 1 single-bed isolation room, and related supplementary rooms. The floor will also include 2 examination-treatment rooms and a medical team office. The first floor will also be designed to be accessible. The second floor will house changing rooms, medical offices, and the heat center. The top floor will be dedicated to the elevator machine room and the IT room.</p> <p>All building structures will be replaced with modern materials, with additional insulation and shading systems on the south side to prevent excessive summer heat. The flat roof will be replaced with a modern roof system that meets thermal requirements and includes partially walkable sections. The water, wastewater, heating, cooling, and ventilation systems will be renewed, along with all the main pipes and equipment. The new ventilation system will be energy-efficient with heat recovery. Electrical systems will be completely renewed, including power supply, wiring etc. The building is ideally suited for solar panel installation. A 50 kWp solar system will be placed on the south side of the roof. Weak current systems will be modernized, including IT, phone, nurse call systems, and TV networks.</p> <p>Partners will also focus on sharing best practises related to investment activities during PM meetings.</p>
Partner(s) involved	BVMKK

Deliverables 2.5			
Running number	Deliverable title	Description	Delivery period
D.2.5.1	Preparation of technical documentation for investment activities in Gyula	Preparation of technical documents (drawings, calculations, Construction Technical documentation etc.)	Period 2 , 5 - 8
D.2.5.2	Public procurement	Procurement of related services based on relevant legislation	Period 3 , 9 - 12
D.2.5.3	Refurbishment and expansion of building infrastructure in PP3's site in Gyula	An outdated building infrastructure shall be rebuilt and modernized according to technical documentation.	Period 9 , 33 - 36

Outputs

Output 2.1	
Output Title	Organizations sharing best practise and experience
Programme Output Indicator	RCO87_4.5: Organisations cooperating across borders
Measurement Unit	organisations
Target Value	4,00
Delivery period	Period 9, 33 - 36
Output Description	Participating organizations share experience and best practises gathered during implementation of investments and also during maintenance of building infrastructure and equipments. Newly acquired knowledge related to new therapeutic methods will also be transferred between the partners with the contribution of medical specialists from the two counties.

Investments

Investment 2.1

Title

Development of building infrastructure by PP2

Expected delivery period

Period 9, 33 - 36

Justification

Please explain why this investment is needed.

Currently the building infrastructure operated by Dr. László Elek Hospital and Medical Center, Orosháza (PP2) fails to fully meet today's regulations and standards. In order to ensure equal access to quality health services, and improve in the long-term the health status of the population, the infrastructural background of the healthcare provider institutions must also be developed in Orosháza.

The building affected by the investment was built in the 1960s, then renovated and modernized in the 1990s. Since then, no major renovations have been made to the building or the areas affected by the investment. The investment affects East, West and South wings of the first floor, as chronic and internal medicine care will be implemented. In the affected area, it is important to expand the medical gas supply according to demand, and to renovate the gas centers, because currently it does not fully meet today's regulations and standards. The building is outdated, the coverings and sanitary facilities need to be replaced in several places. The clean painting of the premises has not been done for years, so it is also important to carry out these works from a hygienic point of view. Minor architectural, mechanical, and electrical works were planned in the areas for the sake of patient safety and continuous patient care.

Please clearly describe the cross-border relevance of the investment.

Aimed to increase the accessibility of quality health services for the population of the RO-HU cross border area, the activities in this WP focus on the improvement of the quality of the healthcare infrastructure in Hungary and Romania.

The primary goal of the investment in Orosháza is therefore to ensure adequate health infrastructure in the border area. In order to strengthen patient mobility and ensure equal access to services, it is essential that patients in both Romania and Hungary can use similarly high-quality services. All of this also helps to identify the common connection points of the different healthcare systems.

In connection with the integration of healthcare systems, it is also a key issue to create a synergy between the developments and the related services. This is only possible if the investments are coordinated.

Please describe who is benefiting (e.g. partners, regions, end-users, etc.) from this investment, and in what way.

The primary goal of the investment is to provide the infrastructural background necessary to provide balanced health services. In the cross-border area, it is important that the population has equal access to high-quality services, regardless of which side of the border they live. During the development of the capacities, the primary consideration was the implementation of the necessary investments for the effective screening and treatment of the types of diseases that greatly threaten the quality of life of the population of the region.

Accordingly, the infrastructure for oncology screenings (e.g. breast diagnostics) will be renewed in Orosháza, but the ultrasound diagnostic tool park for gynecology, radiology, and cardiology is also being developed.

Overall, the primary target group of the project, the older age group named in connection with the screening tests, is the primary target group of the improvements, but overall - also acknowledging the aspects of patient mobility - the entire population of the border area may be affected by the improvements.

During the implementation of the developments, the partners share with each other the experiences and good practices gained during the implementation of the investments and operation, thus the project partners also directly benefit from the project.

In the case of pilot investment, please clarify which problem it tackles, which findings you expect from it, how it can be replicated, and how the experience coming from it will be used for the benefit of the programme area.

Not relevant.

Location of the physical investment	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street House number, Postal code, City	Könd 59, 5900, Orosháza

Risk associated with the investment

Describe the risk associated with the investment, go/no-go decisions, etc. (if any).

Several types of risks need to be taken into consideration when planning an investment focusing on the renovation of a building infrastructure. This is especially true in the case of health infrastructure development. As financial Risk it should be considered that the initial capital investment and operational costs may surpass projections. Currency fluctuations, unforeseen expenses, or changes in funding availability also pose financial risks. Ensuring adequate cash flow is essential in order to ensure the continuity of work.

Operational Risks also need to be taken into consideration: Issues related to the operation and maintenance of healthcare infrastructure, including unforeseen technical failures, can impact the project's long-term success. Operation and maintenance of equipments is also of key importance. Organizational risks may also hinder effective project management and maintenance of project results. During preparation, implementation and maintenance the project the project partner will focus on ensuring the necessary organizational framework and the availability of appropriate human resources.

Environmental Risks: Unpredictable environmental factors such as extreme weather events could affect the operation of project results. These aspects should be the subject of investigation already in the planning phase. Scheduling of activities is also of key importance: delays in project execution due to unforeseen circumstances or challenges in coordination among partners could impact the overall success of the investment.

Regular project assessments, risk mitigation strategies, and continuous monitoring are essential in order to minimize risks. Key decision points include assessing financial feasibility, addressing technological challenges, ensuring regulatory compliance. The project should proceed as risks are manageable, mitigations are in place, and it aligns with the program's objectives.

Investment documentation

Please list all technical requirements and permissions (e.g. building permits) required for the investment according to the respective national legislation. If these are already available, attach them to this application form, otherwise indicate when you expect them to be available.

A sketch, floor plan, technical description and cost estimate are submitted as an attachment to the data sheet. The activity does not require a permit, detailed design documentation will be completed in the 1st period of the project.

For investments in infrastructure with an expected lifespan of at least five years, please indicate whether an assessment of expected impacts of climate change has been carried out. Should it be necessary, you must be ready to submit this documentation to the relevant programme body/ies.

Although the expected lifespan of the investment is above 5 years, we do not consider an assessment of expected impacts of climate change should be necessary, so at this point it is not carried out. We consider that a building with wards and administrative offices does not have a significant impact on climate change, due to the fact that it will be energy efficient and the materials and technologies applied during the building activities will also be energy efficient and environment friendly.

Ownership

Who owns the site where the investment is located?

Hungarian State is the owner of the building site (No. of title deed: 1030 Orosháza).

Who will retain ownership of the investment at the end of the project?

At the end of the project, after the investment is finalised, Hungarian State will remain the owner of the investment. PP2 will coordinate activities related to the maintenance and the operation of the refurbished building.

Who will take care of the maintenance of the investment? How will this be done?

PP2, László Elek Hospital of Orosháza will be responsible for the maintenance of the investment. The hospital has all the capacity and resources necessary for the long-term sustainable operation of the investment. The hospital's specialists act on the basis of a maintenance plan and carry out all the necessary interventions as described in it. Additionally, in exceptional cases besides regular maintenance checks, special interventions may also be necessary. All maintenance and operation activities will be documented according to the valid protocol.

Investment 2.2

Title

Development of building infrastructure by PP3

Expected delivery period

Period 9, 33 - 36

Justification

Please explain why this investment is needed.

Currently the building infrastructure operated by Békés County Central Hospital is partially outdated and does not meet today's regulations and standards. To ensure equal access to quality health services, the infrastructural background of the healthcare provider institutions must also be developed in PP3's site in Gyula.

The functions in the building, built in the 1980s, were constantly modified in accordance with the infrastructure of the dressing departments. After the original construction of the building structure, due to major renovations carried out in the Hospital area, the plans were modified several times, and then, on a temporary basis, the building was designed at a level corresponding to a chronic ward. We can still find an arrangement corresponding to this function in the building today, which means 6 wards with 6 beds and 2 wards with 2 beds. The water blocks are not separated by gender, there are 3 bathrooms with showers and toilets on the ground floor and upstairs

The Department of Clinical Oncology and Radiotherapy moved into the building in 2002, where minimal modifications were made that year to create professional conditions. The nearly 50-year-old building structure does not comply with today's energy efficiency standards, and its interior spaces, in terms of the design of the transitional state, are not adapted to either the previous or the current needs of specialized services. Due to the high number of beds in the wards, the patient care is of an inadequate standard and does not allow recovery or rest. The standard of the current water block does not meet either the legislation or the hygiene requirements due to the use by both sexes.

The current state of the building is outdated and not up-to-date, it does not meet the current standards, so architectural, mechanical, medical-technological, and electrical renovations and conversions are justified in accordance with today's expectations.

Please clearly describe the cross-border relevance of the investment.

One of the key areas of European integration is ensuring equal access to services. From the aspect of regional competitiveness, the development of public services, including healthcare services, is of key importance. Aimed to increase the accessibility of quality health services for the population of the RO-HU cross border area, the activities to be carried out in Gyula focus on the improvement of the quality of the healthcare infrastructure in Hungary and Romania.

The primary goal of the investment in PP3's site in Gyula is therefore to ensure adequate health infrastructure in the border area provided by the Department of Clinical Oncology and Radiotherapy. In order to strengthen patient mobility and ensure equal access to services, it is essential that patients in both Romania and Hungary can use similarly high-quality services. All of this also helps to identify the common connection points of the different healthcare systems.

In connection with the integration of healthcare systems, it is also a key issue to create a synergy between the developments and the related services. This is only possible if the investments are coordinated.

Please describe who is benefiting (e.g. partners, regions, end-users, etc.) from this investment, and in what way.

The primary goal of the investment is to provide the infrastructural background necessary to provide balanced health service in the field of oncology and radiotherapy in Békés and Arad counties. In the cross-border area, it is important that the population has equal access to high-quality services, regardless of which side of the border they live. During the development of the capacities, the primary consideration was the implementation of the necessary investments for the effective screening and treatment of the types of diseases that greatly threaten the quality of life of the population of the region.

Accordingly, the infrastructure for inpatient treatment in oncology (e.g. wards, medical staff rooms, laboratories, restrooms) will be renewed in Gyula.

Overall, the primary target group of the project, the older age group named in connection with the screening tests, is the primary target group of the improvements, but overall - also acknowledging the aspects of patient mobility - the entire population of the border area may be affected by the improvements.

During the implementation of the developments, the partners share with each other the experiences and good practices gained during the implementation of the investments and operation, thus the project partners also directly benefit from the project.

In the case of pilot investment, please clarify which problem it tackles, which findings you expect from it, how it can be replicated, and how the experience coming from it will be used for the benefit of the programme area.

Not relevant.

Location of the physical investment	
Country	Magyarország (HU)
NUTS 2	Dél-Alföld (HU33)
NUTS 3	Békés (HU332)
Street House number, Postal code, City	Semmelweis 1., 5700, Gyula

Risk associated with the investment

Describe the risk associated with the investment, go/no-go decisions, etc. (if any).

Several types of risks need to be taken into consideration when planning an investment focusing on the renovation of a building infrastructure. This is especially true in the case of health infrastructure development. As financial risk it should be considered that the initial capital investment and operational costs may surpass projections. Currency fluctuations, unforeseen expenses, or changes in funding availability also pose financial risks. Ensuring adequate cash flow is essential in order to ensure the continuity of work.

Operational Risks also need to be taken into consideration: Issues related to the operation and maintenance of healthcare infrastructure, including unforeseen technical failures, can impact the project's long-term success. Operation and maintenance of equipments is also of key importance. Organizational risks may also hinder effective project management and maintenance of project results. During preparation, implementation and maintenance the project the project partner will focus on ensuring the necessary organizational framework and the availability of appropriate human resources.

Environmental Risks: Unpredictable environmental factors such as extreme weather events could affect the operation of project results. These aspects should be the subject of investigation already in the planning phase. Scheduling of activities is also of key importance: delays in project execution due to unforeseen circumstances or challenges in coordination among partners could impact the overall success of the investment.

Regular project assessments, risk mitigation strategies, and continuous monitoring are essential in order to minimize risks. Key decision points include assessing financial feasibility, addressing technological challenges, ensuring regulatory compliance. The project should proceed as risks are manageable, mitigations are in place, and it aligns with the program's objectives.

Investment documentation

Please list all technical requirements and permissions (e.g. building permits) required for the investment according to the respective national legislation. If these are already available, attach them to this application form, otherwise indicate when you expect them to be available.

A sketch, floor plan, technical description and cost estimate are submitted as an attachment to the data sheet. The activity does not require a permit, detailed design documentation will be completed in the 1st period of the project.

For investments in infrastructure with an expected lifespan of at least five years, please indicate whether an assessment of expected impacts of climate change has been carried out. Should it be necessary, you must be ready to submit this documentation to the relevant programme body/ies.

Although the expected lifespan of the investment is above 5 years, we do not consider an assessment of expected impacts of climate change should be necessary, so at this point it is not carried out. The nearly 50-year-old building structure does not comply with today's energy efficiency standards, its refurbishment is clearly justified. We consider that a building with wards, medical staff rooms, laboratories and administrative offices does not have a significant impact on climate change, due to the fact that it will be energy efficient and the materials and technologies applied during the building activities will also be energy efficient and environment friendly.

Ownership

Who owns the site where the investment is located?

Hungarian State is the owner of the building site (No. of title deed: 4290 Gyula).

Who will retain ownership of the investment at the end of the project?

At the end of the project, after the investment is finalised, Hungarian State will remain the owner of the investment. Békés County Central Hospital will coordinate activities related to the maintenance and the operation of the refurbished building.

Who will take care of the maintenance of the investment? How will this be done?

PP3, Békés County Central Hospital will be responsible for the maintenance of the investment. The hospital has all the capacity and resources necessary for the long-term sustainable operation of the investment. The hospital's specialists act on the basis of a maintenance plan and carry out all the necessary interventions as described in it. Additionally, in exceptional cases besides regular maintenance checks, special interventions may also be necessary. All maintenance and operation activities will be documented according to the valid protocol.

Work package 3

Work package title

Awareness raising activities to improve the health status of the cross-border regional population

Objectives

Your objectives should be:

- realistic and achievable by the end of the project;
- specific (who needs project outputs delivered in this work package, and in which territory);
- measurable – indicate the change you are aiming for.

Define one project specific objective that will be achieved when all activities in this work package are implemented and outputs delivered.

In the long term the SO aims to contribute to the improvement of the health status of the cross-border regional patient population through health promotion and strengthening health prevention. The WP's awareness raising activities could contribute to earlier intervention and prevention for key patient groups (with focus on 40-65 age group, and young people); By highlighting health issues such as the importance of healthy nutrition, health risks related to consumption of alcohol, smoking, bad eating habits, etc. the WP supports health awareness. The novelty of the project is the cross-border health network we aim at creating, as the project envisions the development of a robust one that can serve as a model for future and initiatives in the broader EU context.

Activities of the WP include awareness raising campaigns designed for specific target groups (women, youth, children, romas etc) of the public, as well as workshops and communication activities targeting experts in the field.

Think about the communication objective that will contribute to the achievement of the specific objective. Communication objectives aim at changes in a target audience's behaviour, knowledge or belief.

As mentioned before, the DENIM project has an independent communication activity package (Work package 1).

Activities of the WP include awareness raising campaigns designed for specific target groups (women, youth, children, romas etc) and key patient groups (focus on 40-65 age group, and young people) of the public, as well as workshops, studies and communication activities targeting experts in the field (eg. the Territorial data analysis surveying health status report)

The objective is to establish a direct connection between local medical professionals and the communities, aiming to attract residents to the events organized by the partners in order to raise awareness on the importance of prevention and screening for a long and healthy life.

By promoting awareness, the project aims to empower local communities to take an active role in managing their health and make conscious lifestyle-choices.

Activities

Activity 3.1	
Title	Regional campaigns with territorial focus supporting the prevention of development of cancer and promoting active and healthy living (based on the evaluation of datas for local population)
Start period	Period 2, 5 - 8
End period	Period 9, 33 - 36
Description	Healthcare campaign activity with a place-based approach. The activity aims to provide up-to-date information on prevention techniques (sports, nutrition etc.). The campaigns are planned on the basis of information gained from analysing local, territorial data. The analysis is focusing on the population of the cross-border region, namely on the inhabitants of Arad and Békés Counties.
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 3.1			
Running number	Deliverable title	Description	Delivery period
D.3.1.1	Development of data collection template	On the basis of AEBR template with additional focus on data mobility connected with cancer and cardiovascular diseases, and also on the use/uptake of patient mobility mechanisms by people with disabilities. The template will be jointly elaborated.	Period 2 , 5 - 8
D.3.1.2	Territorial data analysis surveying health status	The data analysis aims at surveying health status as well as healthcare needs of local population in the cross-border area (based on questionnaire, statistical data). The campaigns are planned on the basis of findings of the analysis.	Period 3 , 9 - 12
D.3.1.3	Community planning workshop with different stakeholders (NGOs, decisionmakers, clinical experts etc)	The event aims at evaluating and if required amending the findings of the territorial analysis applying community planning tools. The workshop provides an opportunity for local residents to articulate their views on specific healthcare needs in the CB area. (1 event in HU, with 15 RO&HU prtcspts)	Period 4 , 13 - 16
D.3.1.4	Campaign videos with local	Local celebrities will be involved in 15 campaign videos shared on SM channels.	Period 8 , 29 - 32

Deliverables 3.1			
Running number	Deliverable title	Description	Delivery period
	celebrities		
D.3.1.5	Community events with presentations supporting change of lifestyle	8 Community events/Family days will be organized at different locations in Hungary. Expected participants: 100 people	Period 9 , 33 - 36
D.3.1.6	Awareness raising programmes w. focus on elderly people stressing signific. of regular screenings	8 Awareness raising campaign activities include awareness raising and educational programmes, events (activities, etc.) for the 55+ age group. Expected participants: 100 people	Period 9 , 33 - 36

Activity 3.2

Title	Healthcare prevention campaign activity with target group specific approach with a focus on the needs of specific groups of the cross-border population
Start period	Period 2, 5 - 8
End period	Period 9, 33 - 36
Description	Based on the results of the territorial data analysis community events shall be organized with a target group specific approach. Medical professionals and local health-conscious NGOs will be involved as well. Altogether 8+8 Prevention events with an estimated 100 participants/event.
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 3.2

Running number	Deliverable title	Description	Delivery period
D.3.2.1	Prevention events focusing on elderly people	8 events highlighting the significance of Healthy Aging activities (active life, proper diet, social activities, etc.) for the 55+ age group. Estimated participants: 100 people	Period 9 , 33 - 36
D.3.2.2	Prevention events for 2 age groups	The focus is on preventive measures to avoid/overcome cardiovascular and/or circulatory system diseases (ws,	Period 9 , 33 - 36

Deliverables 3.2

Running number	Deliverable title	Description	Delivery period
	focusing on potential patients w. chronic cardiovascular diseases	training). For 55+ age groups 4 events medical preventive measures & healthy habits. For youngsters 4 events promoting healthy living (sports, diet, weight control). Expected prcpts: 100/event	

Outputs**Output 3.1**

Output Title	Participations in community planning event
Programme Output Indicator	RC081_4.5: Participations in joint actions across borders
Measurement Unit	participations
Target Value	15,00
Delivery period	Period 9, 33 - 36
Output Description	The output refers to the participants of one community planning workshop. The community planning workshop aims to determine community needs, set goals and priorities through the active participation of local communities. The workshop provides an opportunity for local residents to articulate their views on specific healthcare needs in the cross-border area. The event will be held in in HU, with 15 participants from Hungary and Romania.

Investments

Work package 4

Work package title

Pilot actions in the cross-border area to support equal access to innovative health care services

Objectives

Your objectives should be:

- realistic and achievable by the end of the project;
- specific (who needs project outputs delivered in this work package, and in which territory);
- measurable – indicate the change you are aiming for.

Define one project specific objective that will be achieved when all activities in this work package are implemented and outputs delivered.

The SO's focus is on the innovative aspect of the development of health services in the cross-border area with strong contribution to the development of innovative approaches based on the 9 Pillars of Integrated Care. The WP seeks to explore potentials in the application of AI in data management and management of integrated care systems. Through joint development of community focused integrated care models and telemedicina services as pilot action(s) the activities support equal access of patients to quality health care. Aiming to improve efficiency and long term sustainability, the WP supports high-level integrated co-operation among OSIs with a focus on the development of a co-operation framework. Special focus is sentenced to the identification of new ways of integration of the HU and RO health care systems. Target groups of the WP include project partner organizations, experts of these organizations, other institutions joining the test phase of the pilot action(s) and other OSIs.

Think about the communication objective that will contribute to the achievement of the specific objective. Communication objectives aim at changes in a target audience's behaviour, knowledge or belief.

Considering the size of the investment, the set goals and the complexity of the interventions, the DENIM project has an independent communication activity package (WP1). Considering that the purpose of the planned pilot project elements is to develop innovative healthcare solutions, it is a priority task that the activities and results (e.g. integrated healthcare model, digital developments) become known to the professional community and the relevant target audience (clinical experts, decisionmakers, other OSIs). It is also a goal that during the cooperation of the OSI projects (overarching strands) the members of the professional community learn about the innovative initiatives that can contribute to the development of positive economic and social processes affecting the target area and are motivated to participate in the further development of these initiatives.

Activities

Activity 4.1

Title

Development of community-oriented healthcare

Activity 4.1	
	model (with the application of community planning tools and techniques)
Start period	Period 2, 5 - 8
End period	Period 6, 21 - 24
Description	<p>Key elements of the activity include an analysis on the challenges, bottlenecks and the possible forms of integration of the healthcare systems in the cross border region. The activity also aims at target group oriented (eg. elderly people, patients with chronic diseases, patients rare diseases and disabilities) development of integrated care/healthcare models with the application of tools and techniques of community planning (involvement of local decision makers, NGOs, healthcare institutions is must), as well as detailed analysis of financing tools available for supporting implementation of this novel approach. This new methodology of integrated healthcare system is based on the 9 pillars as follow: shared values and vision, population health and local context, people as partner in care, resilient communities and new alliances, workforce capacity and capability, system wide governance and leadership, digital solutions, aligned payment systems, transparency of progress, results and impact.</p> <p>Community planning activities (1 joint workshop in HU, with 15 CB participants: NGOs, decisionmakers, clinical experts, participants from the population of settlements with variant size) aim at evaluating and if required amending the findings of the analysis. Evaluation of certain aspects of health economics (operation of health infrastructure, management of health delivery systems, limits of integration) will also be in focus of the activity.</p> <p>Partners' contribution during implementation: LP1 will coordinate activity and maintain contact with the external expert. LP1 will also provide data and background information required to fulfil the job. Representatives of PP2, PP3 and PP4 will provide background data and information and will support activity by reviewing and if required amending the working materials.</p>
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 4.1			
Running number	Deliverable title	Description	Delivery period
D.4.1.1	Analysis of common challenges, bottlenecks and possible forms of integration of healthcare systems	The analysis includes evaluation of issues related to data management and the evaluation of possibilities to improve data collection mechanisms. The focus is also on the identification of limits of integration of the healthcare system in the RO-HU cross-border area. (1 pc, 75 pgs).	Period 3 , 9 - 12
D.4.1.2	Community planning workshop	The event aims at evaluating and amending the findings of the analysis with the application of community planning tools (1 joint event in HU, with 15 RO and HU participants). Participants: NGOs, decisionmakers, clinical experts, participants from the population of settlements with variant size.	Period 4 , 13 - 16
D.4.1.3	Integrated care model for different target groups	Target group oriented development of integrated care models with the application of techniques of community planning Aspects of health economics will also be in focus of the activity. (1 pc, 75 pgs)	Period 5 , 17 - 20
D.4.1.4	Analysis of financing mechanisms for the support of the implementation of integrated care models	The health economics study aims to analyse the specific needs for different financing tools (grants, private resource, subsidy) available. Aspects to improve operation of health infrastructure and management structure of health delivery systems will also be taken into consideration. (1 pc, 35 pgs)	Period 6 , 21 - 24

Activity 4.2	
Title	Development of digital tools for the integrated care models
Start period	Period 3, 9 - 12
End period	Period 9, 33 - 36
Description	Development of digital tools supporting the assessment, diagnosis, treatment and monitoring of patients is one of the key pilot activities in the project. Application of telemedicine, use of artificial intelligence, actions of this jointly developed cross-border approach also build upon the opportunities inherent in digital technologies (such as analysis of

Activity 4.2	
	<p>extensive use of remote services, exploitation of potentials in the use of AI in health care services, data management, development of digital tools supporting the assessment, diagnosis, treatment and monitoring of patients).</p> <p>The digital tool together with the dashboard will support the effective functioning of healthcare systems both domestically and across borders and to allow for fuller assessments of changing use and needs to be made. The telemedicine solution also provides an opportunity to make more efficient use of the infrastructure modernized within the framework of the project, and to continuously monitor patients' expectations arising in connection with the newly developed health services.</p> <p>Partners' contribution during implementation: LP1 will coordinate activity and maintain contact with the external expert. LP1 will also provide data and background information required to fulfil the job. Representatives of PP2, PP3 and PP4 will provide background data and information and will support activity by testing the digital tool.</p>
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 4.2			
Running number	Deliverable title	Description	Delivery period
D.4.2.1	Analysis of limits and possibilities of application of digital solutions in the cross-border area	Study examining the cross-border application possibilities of IT solutions affecting healthcare with the participation of specialized specialists from the two countries (1 pc, 50 pgs)	Period 3 , 9 - 12
D.4.2.2	Development of a high-end digital solutions (eg. telemedicina) based on the findings of the analysis	The telemedicina pilot will support effective and resilient healthcare by promoting access health care services remotely. Based on regional dashboard it will offer primary care for many conditions, access to medical specialists and offer advice for self-management of health care.	Period 9 , 33 - 36
D.4.2.3	Testing of the operation of the	Testing of telemedicina pilot and cross-border digital database management systems supporting hospital data management in relevant medical institutions. Cooperation between telemedicina pilot and digital dashboard is carried	Period 9 , 33 - 36

Deliverables 4.2			
Running number	Deliverable title	Description	Delivery period
	digital solutions, documentation of test results	out. Development of testing methodology is carried out as part of activity.	

Activity 4.3

Title	Strengthening Strategic Overarching Cross-border Health Co-operation strands to improve synergies among OSIs
Start period	Period 2, 5 - 8
End period	Period 9, 33 - 36
Description	<p>The activity focuses on the evaluation and development of aspects of regional cross-border health co-operation workstreams to improve efficiency and long term sustainability of OSIs with a focus on co-operation on Population Health Data, evidence-informed population health improvement and investment. The activity also aims to set up a co-operation framework and agreement model for all relevant institutions holding health or population health data and the creation of a cross-border regional health and population health dashboard. The joint RO-HU database would use territorial statistical data of the Statistical Office and territorial health data sent by the hospitals (patient mobility, treatments etc.). This dataset would be complemented by a database based on the questionnaire survey carried out in the the project (in WP3). These two databases would be integrated and freely accessible in a visually manageable way (searchable according to predefined criterias), to enable decisonmakers to monitor and evaluate specific population needs.</p> <p>Preparation of a joint public health development strategy supports further development and possible future integration of cross-border healthcare systems. The document, long-term strategic program with its objectives and priorities laying down the foundations of future developments in the cross-border healthcare in the post 2027 period. A collaborative healthcare and population health</p>

Activity 4.3	<p>statistical data sharing agreement, cross-border Memorandum of Understanding, and strategic papers contribute to the setting up of common interpretive framework of data collection /management.</p> <p>The activity package also includes two joint community planning workshops (1 in RO, 1 in HU) with 35 participants each. The events aim at evaluating and if required amending the findings of the Cross-border Multi-stakeholder Population Health Improvement Strategy on the basis of the experience gained during project implementation. Participants in the workshop also provide useful additional feedback on the content of Memorandum of Understanding (MU), and Strategic papers. The workshops scheduled within 1 year post project also aim at expanding the range of organizations accepting the MU). Methodology of the events include application of community planning tools. Participants are invited from different stakeholders: NGOs, decisionmakers, clinical experts, reps. of local communities.</p> <p>Partners' contribution during implementation: LP1 will coordinate activity and maintain contact with the external expert. LP1 will also provide data and background information required to fulfil the job. Representatives of PP2, PP3 and PP4 will provide background data and information (in case of dashboard) and will support activity by reviewing and if required amending the working materials (strategy, strategic papers, memorandum) and testing the dashboard. Results of tests shall be discussed in the workshops, main findings will be basis of further development.</p>
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 4.3			
Running number	Deliverable title	Description	Delivery period
D.4.3.1	Preparation of collaborative healthcare and population health statistical data sharing agreement	Preparation of a statistical data sharing agreement between the project partners and regional Health-data handling organisations.	Period 2 , 5 - 8

Deliverables 4.3			
Running number	Deliverable title	Description	Delivery period
D.4.3.2	Creation of a cross-border regional health and population health improvement dashboard	Creation of an information interface accessible to all partners (dashboard) with unique IT elements and solutions. When determining the range of data used and shared, efforts must be made to apply the same methodology and take data management guidelines into account (e.g. EUSTAT data).	Period 9 , 33 - 36
D.4.3.3	Development of a cross-border multi-stakeholder population health improvement strategy	A joint public health development strategy based on the analysis of data from both countries, with focus on main target groups of the project. It also builds on the experiences, findings of other analytical documents. Target groups, reps. of OSIs are welcome to review the doc. (1 pc, 75 pgs)	Period 5 , 17 - 20
D.4.3.4	Development of a cross-border Memorandum of Understanding	The agreement lays down the common guidelines that affect the area of health promotion and joint data management. Target groups of the project and specifically representatives of other OSIs are welcome to review the document.	Period 6 , 21 - 24
D.4.3.5	Strategic papers highlighting unmet population health needs in the cross-border area	A joint summary will be prepared upon the findings of the Territorial Data analysis survey highlighting unmet population health needs in the cross-border area with a specific recommendation package added. Reps. of OSIs are welcome to review the doc. (based on Deliv. 3.1.1 and 3.1.2, 1 pcs 30 pgs)	Period 7 , 25 - 28

Outputs

Output 4.1	
Output Title	Participations in community planning event
Programme Output Indicator	RC081_4.5: Participations in joint actions across borders
Measurement Unit	participations
Target Value	15,00
Delivery period	Period 4, 13 - 16
Output Description	The output refers to the participants of one community planning workshop. The event aims at evaluating and if required amending the findings of the analysis with the application of community

Output 4.1	
	planning tools (1 joint event in HU, with 15 CB participants). Participants: NGOs, decisionmakers, clinical experts, participants from the population of RO and HU settlements with variant size.
Output 4.2	
Output Title	Documents supporting common understanding of integration of healthcare systems
Programme Output Indicator	RCO83_4.5: Strategies and action plans jointly developed
Measurement Unit	strategy/action plan
Target Value	2,00
Delivery period	Period 7, 25 - 28
Output Description	Preparation of CB Multi-stakeholder Population Health Improvement Strategy (75 pgs), and also Strategic papers highlighting unmet population health needs (30 pgs). The strategy is based on the analysis of data available in both countries, focuses on the main target groups of the project and lays down the foundations of future developments in the cross-border healthcare in the post 2027 period. Strategic papers detail priorities and provide support to decisionmakers.
Output 4.3	
Output Title	Digital solutions to improve cross-border regional health and population health
Programme Output Indicator	RCO116_4.5: Jointly developed solutions
Measurement Unit	solutions
Target Value	2,00
Delivery period	Period 9, 33 - 36
Output Description	In the frame of pilot actions a health improvement dashboard to ensure user-friendly access to a wide range of specified data (statistical office, questionnaire survey, etc.) shall be developed with database. As pilot activity a telemedicina tool shall also be developed. The database supporting hospital data management and the related territorial monitoring system as well as the telemedicina tool

Output 4.3	
	shall serve as a basis for further projects to be implemented in the future.

Investments

Work package 5

Work package title

Efficient management of the project

Objectives

Your objectives should be:

- realistic and achievable by the end of the project;
- specific (who needs project outputs delivered in this work package, and in which territory);
- measurable – indicate the change you are aiming for.

Define one project specific objective that will be achieved when all activities in this work package are implemented and outputs delivered.

The WP aims to develop and maintain a comprehensive management structure capable of the effective implementation of the project. Activities foreseen in the WP include definition of workflow, build up of the three-level joint project team (as described as Activity 5.1.) and continuous monitoring of project activities, besides reporting. Staff members assigned by all partners will include internal and external experts responsible for the effective implementation of professional activities, coordination of the partnership, implementation of communication activities and preparation of financial documents.

External experts supporting efficient operative work of management, including public procurements will be involved.

Primary target groups of the activities supporting the SO are members of management, external experts and representatives of JS. Communication activities also focus on the needs of patients.

Think about the communication objective that will contribute to the achievement of the specific objective. Communication objectives aim at changes in a target audience's behaviour, knowledge or belief.

Considering the size of the investment, the set goals and the complexity of the interventions, the DENIM project has an independent communication activity package (Work package 1).

In relation to the work package affecting management, the communication goal is the coordination of the planning and implementation of related activities. In accordance with the objective, the task of the management will be to coordinate the preparation of management support activities and documentation, as well as the Communication Strategy and manage the preparation of project activities fixed in advance.

Activities

Activity 5.1	
Title	Setting up and operating CB Project management: Joint Project Management Group (JPMG), Overall Project Steering Committee (OPSC) and Working G. for the management of Overarching Strands (WGOS)

Activity 5.1	
Start period	Period 1, 1 - 4
End period	Period 9, 33 - 36
Description	<p>The overall project coordination will be done on three levels: by an internal project management team lead by the LP's Project Coordinator (JPMG) and by the OPSC, which is consisted of high-level decision makers of the project partners. The third WG is the Working Group for the management of Overarching Strands, responsible for improving synergies among OSI projects.</p> <p>Setting up the Joint Project Management Group (JPMG): the activity includes setting up the internal project management team, which is responsible for the definition of frameworks of operation, documentation of organizational background of project implementation. The JPMG is consisted of 10 associates of participating organisations, namely 3 people from the LP (1 project coordinator, 1 Financial manager, 1 administrative associate), 3 people from PP4 (1 project manager, 1 assistant project coordinator, 1 public procurement expert, 1 legal expert, 1 communication expert, 1 medical management expert, 1 financial manager) and 2-2 associates from the Hospitals involved (1 professional manager + 1 administrative associate), from PP2 and PP3. Activity of PP4 management will be supported by internal experts as detailed in attached job descriptions.</p> <p>The JPMG will create the Project Workprogram with the contribution of external expert, which includes scheduling of activities, and relevant indicators, as well as definition of responsibilities and competencies required for the efficient implementation of the project.</p> <p>The role of the OPSC is to monitor project implementation and to use its professional connections in order to disseminate project results for the broadest audience possible. The OPSC is consisted of high-level managers of cooperating partners, Hospital DGs and other relevant stakeholders.</p> <p>The third level of project management includes Setting Up a Working Group for the management of Overarching Strands (Cross-Border Co-operation on Population Health Data), which aims to improve synergies with other OSI stakeholders.</p> <p>Following the preparation of Project Workprogram, a</p>

Activity 5.1	
	<p>Quality Management Plan will be prepared to assure the quality of all activities and measured will be monitored, in a proper way. It is a formal document that encompasses internal procedures that address key aspects of assessing project quality standards and how they will be measured, with necessary actions to be taken. Tasks (coordination activity, finance management, contribution to the development of strategic documents etc.) and necessary qualifications of JPMG members are detailed in the job descriptions and CVs attached to the Application form.</p> <p>The procurement tasks related to the soft and infrastructural components of the project will be provided by an external procurement expert, hired by the PPs, to ensure smooth procurement management at both sides of the border.</p>
Partner(s) involved	BVÖ, LEK, BVMKK, CJ Arad

Deliverables 5.1			
Running number	Deliverable title	Description	Delivery period
D.5.1.1	Cross-border Project implementation forums are created and operated	Three CB project forums are created for smooth operation, JPMG on the operative level and OPSC composed of specialists appointed by the project partners and relevant stakeholders and the Working Group for the management of Overarching Strands.	Period 1 , 1 - 4
D.5.1.2	Project Plans prepared, Project Management support is externalized	Project Workprogram, Quality Management Plan is prepared and agreed by JPMG, OPSC and WGOS. The external Quality Management service provider procured and contracted.	Period 1 , 1 - 4
D.5.1.3	Project management meeting documentations are prepared (meeting reports, presence sheets, photos)	Documentation of PM meetings are ongoing throughout the implementation period. JPMG: online and offline PM meetings, 12 meetings (8 online and 4 personal, 1 personal in every 3 months OPSC: 1 meeting/period, altogether 9 meetings WGOS meetings: 1 meeting/year, altogether 3 meetings (3 in HU)	Period 9 , 33 - 36
D.5.1.4	PM and Financial reports, Progress	Setting up proper administrative structure to support reporting activities: preparation of financial reports, progress reports (1 report/period), final reports (altogether 9 reports)	Period 9 , 33 - 36

Deliverables 5.1			
Running number	Deliverable title	Description	Delivery period
	Interim and Final Reports towards the JS/FLC are submitted		
D.5.1.5	Procurement activities and infrastructural components of the project are prepared and started	All procurement activities of the project are prepared, are timed and set in the Project Workprogram. In case any missing document is needed for implementation of works, is obtained. Necessary expertise is externalised.	Period 2 , 5 - 8
D.5.1.6	Purchase of equipment supporting operation of Project Implementation Forums (LP, PP4) is acquired	Purchase of IT and telecommunication equipment supporting the day-to day communication and operation of PM (Dell PC, laptops, mobile phones, printers, office softwares, etc.)	Period 2 , 5 - 8
D.5.1.7	Purchase of a rear wheel drive electric car	Serves travel purposes for venues, for the different events /meetings/workshops during project implementation, as an environment-friendly travel solution. Proposed specification: rear wheel drive electric car 702 km range (55kwh) with charging station for LP.	Period 2 , 5 - 8
D.5.1.8	Networking and Dissemination Workshops	The events support the work of management and professional staff at the same time. A joint event will show the results achieved, involving political decision - makers, institutions and organizations, and those potentially interested in the project. 1-1 WS HU and RO, with a total of 30 participants.	Period 9 , 33 - 36
D.5.1.9	Project preparation activities involving an external expertise consultancy firm	Based on public strategic documents at local, regional & national levels besides existing reports, health data stats the needy fields of intervention were pointed out in the pr. developm. process, resulting preparation of application. All partners received ext. expertise support by a consult firm.	Period 1 , 1 - 4

Outputs

Output 5.1	
Output Title	Participations in joint actions

Output 5.1	
Programme Output Indicator	RC081_4.5: Participations in joint actions across borders
Measurement Unit	participations
Target Value	30,00
Delivery period	Period 9, 33 - 36
Output Description	Networking events aim to strengthen partnership through knowledge sharing and transfer of good practises. With the involvement of a wide range of target groups (decision makers, representatives of NGOs, clinical experts) these events also provide opportunities to expand the partnership.

Investments

C.5 Project Results

What do you expect to change because of the activities you plan to implement and the outputs you plan to deliver? Please take a look at the programme result indicators and select those that you will contribute to.

Result 1	
Programme result indicator	RCR79_4.5: Joint strategies and action plans taken up by organisations
Measurement unit	joint strategy/action plan
Baseline	0,00
Target value	2,00
Delivery period	Period 7, 25 - 28
Result description	<p>The relevant indicator aims at the utilization of jointly created strategic papers: CB Multi-stakeholder Population Health Improvement Strategy (75 pages), and also Strategic papers highlighting unmet population health needs (30 pages). The strategy is based on the analysis of data available in both countries, and focuses on the main target groups of the project. Strategic papers will detail key priorities and provide support to Romanian and Hungarian decisionmakers in making strategic level decisions (integration of healthcare systems, data management etc.).</p> <p>The strategy is a long-term strategic program with its objectives and priorities laying down the foundations of future developments in the cross-border healthcare in the post 2027 period.</p>
Result 2	
Programme result indicator	RCR84_4.5: Organisations cooperating across borders after project completion
Measurement unit	organisations
Baseline	0,00
Target value	4,00
Delivery period	Period After project implementation
Result description	Organizations contributing to the implementation of the project will continue their cooperation after completion of the project in various forms. Joint

Result 2	
	<p>documents taken up by the partners (strategy, strategic papers) will form as a formal framework for future cooperation, while community planning events scheduled after project closure will provide opportunity to strengthen partnership and if required ammend the relevant strategic documents.</p> <p>Community planning workshops scheduled after project completion also provide opportunity to further expand the partnership and to formulate priorities and objectives for the post 2027 period.</p>

Result 3	
Programme result indicator	RCR85_4.5: Participations in joint actions across borders after project completion
Measurement unit	participations
Baseline	0,00
Target value	70,00
Delivery period	Period After project implementation
Result description	<p>The target value calculates the number of participants of the joint community planning workshops (2 joint workshops:1 in RO and 1 in HU with 35 participants each) evaluating and amending the findings of the Cross-border Multi-stakeholder Population Health Improvement Strategy on the basis of the experience gained during project implementation and also focus on expanding the range of organizations accepting the MU (with 40% of participants initially involved in these kinds of actions during the project implementation).</p> <p>Methodology of the event includes application of community planning tools. Participants from different stakeholders – NGOs, decisionmakers, clinical experts, representatives of local communities.</p>

Result 4	
Programme result indicator	RCR73_4.5: Annual users of new or modernised health care facilities
Measurement unit	users/year
Baseline	0,00

Result 4	
Target value	7.024,00
Delivery period	Period After project implementation
Result description	<p>The result indicator's baseline value is 0. The target value is calculated on the basis of the methodology provided in the Guidelines on Indicators and refers to the number of patients served by the new or modernised health care facility during the year after the completion of the intervention. RO and HU budgets were divided by annual expenditure on health per capita PPS for Romania (1,324 Euro) and Hungary (1,551 Euro).</p>

C.6 Project Time Plan

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	After End	
WP1 Sustainable communication and dissemination											
A1.1 Project communication activities	D1.1.4	D1.1.1							D1.1.2		
										D1.1.3	
										D1.1.5	
A1.2 Networking activities - exchange of information	D1.2.5		D1.2.3		D1.2.2	D1.2.1					
				D1.2.4							
RCO81_4.5								O1.1			
RCO83_4.5				O1.2							
WP2 Complex activities to improve the quality of the business environment											
A2.1 Development of infrastructural backbone								D2.1.1			
A2.2 Development of infrastructural backbone						D2.2.1					
A2.3 Development of infrastructural backbone					D2.3.1						
A2.4 Improvement of the quality of the business environment	D2.4.1	D2.4.2					D2.4.3				
A2.5 Improvement of the quality of the business environment	D2.5.1	D2.5.2							D2.5.3		
RCO87_4.5										O2.1	
WP3 Awareness raising activities to improve the business environment											
A3.1 Regional campaigns with territorial impact	D3.1.1	D3.1.2	D3.1.3					D3.1.4	D3.1.5		
									D3.1.6		
A3.2 Healthcare prevention campaign activities									D3.2.1		
									D3.2.2		
RCO81_4.5										O3.1	
WP4 Pilot actions in the cross-border area to improve the business environment											

A4.1 Development of community-oriented h...			D4.1.1	D4.1.2	D4.1.3	D4.1.4				
A4.2 Development of digital tools for th...			D4.2.1						D4.2.2	
									D4.2.3	
A4.3 Strengthening Strategic Overarching...		D4.3.1			D4.3.3	D4.3.4	D4.3.5		D4.3.2	
RCO116_4.5									O4.3	
RCO81_4.5				O4.1						
RCO83_4.5							O4.2			
WP5 Efficient management of the project										
A5.1 Setting up and operating CB Project...	D5.1.1	D5.1.5							D5.1.3	
	D5.1.2	D5.1.6							D5.1.4	
	D5.1.9	D5.1.7							D5.1.8	
RCO81_4.5									O5.1	
Result indicator										
RCR73_4.5										R4
RCR79_4.5							R1			
RCR84_4.5										R2
RCR85_4.5										R3

C.7 Project management

In addition to the thematic work you will do in your project, you will need time and resources for coordination and internal communication. Please describe below how you plan to organise yourself to ensure the project work runs smoothly.

C.7.1 How will you coordinate your project?

Who will be responsible for coordination? Will you have any other management structures (e.g., thematic groups, WP managers)? How will the internal communication work?

The project management's organizational structure, as outlined below through a common decision by all partners, provide an effective background taking into consideration the complexity of activities. Altogether 3 project units will be cooperating:

- Joint Project Management Group (JPMG), responsible for the operative management of the project, is consisted of 10 associates delegated from the participating organisations, led by the LP's Project Coordinator (PC).

- Overall Project Steering Committee (OPSC) is consisted of high-level managers of cooperating partners, Hospital DGs & other relevant stakeholders. Its role is to analyse, monitor project implementation & support decision making activities, besides using its professional connections in order to disseminate project results for the broadest network possible.

The third level of project management is represented by the Working Group for the management of Overarching Strands (WGOS, Cross-Border Co-operation on Population Health Data), which aims to improve synergies with other OSI stakeholders, setting up the framework of a sustainable Co-operation on Population Health Data, besides striving for the dissemination of project results in a wide professional circle. The detailed Terms of Refr. of the working group will be developed in the first period in consultation with the other OSIs.

As joint implementation is one of the key aspects of DENIM project, LP1's PC will be responsible for the coordination of professional activities carried out in the frame of the project, in cooperation with PP4 Professional Project Leader and Professional Managers of PP2 and PP3 Hospitals.

Based on the above structure, JPMG is responsible for the operative implementation of the project, that will be supported by OPSC on a regular time. The main communication channel between JPMG & OPSC will be online (online meetings & e-mails and other necessary comm. platforms). The electronic documentation will be achieved by the PM and JPMG Secretariat. Physical meetings will be also held during implementation as described in WP5 deliverables.

LP's Project Coordinator and its admin associate is responsible for keeping all relevant stakeholders of the project up to date. Online JPMG meetings, based on the Project Workprogram, are scheduled by LP's PC, with at least one participant from all participating organisations. LP's PC prepares, conducts and documents all meetings, and shares meeting reports with other relevant documents with JPMG & OPSC members.

WGOS members are appointed by members of JPMG & OPSC, which coordinates setting up the framework of a sustainable Co-operation on Population Health Data, a core activity in the project, besides stakeholder-engagement.

The overall project management, the internal communication & the administrative & financial fields will be the responsibility of LP's PC, with its colleagues (Administrative Associate, AA and Financial Manager, FM). LP will also be responsible for the communication with MA & Intermediate Body (preparation of project reports etc.).

The project's awareness raising activities, with the networking workshops are of key importance, which shall reach a significant number of target-group representatives.

External communication towards the target groups is an integral part of the project, which will be provided by an external expert, whose task will be to provide intense promotion and communication

campaigns and activities to reach the utmost representatives of the target groups. As the project aims to reach different target groups, differentiated communication channels and strategies are needed. The PPs will be responsible for their reporting and administrative activities (memos, e-mails, Cloud activities, etc.) which will be supported by their AA and their FM. Project management will also contribute to the development of strategic documents (evaluation, if required ammendment). PP4 management will be supported by internal experts as per job descriptions.

The infrastructure and works component of the project is visible at three project partners (PP2, PP3 and PP4), their completion will be supervised by external technical experts having vast experience in the renovation of Health Infrastructure Units. In order to maximize efficiency of project management, the following measures will be provided: a Project Workprogram will be prepared and implemented activities will be constantly assessed for easing project decision making-process in OPSC (including JPMG meeting memos). Following the preparation of Pr. Workpr., a Quality Management Plan will also be prepared to assure the quality of all activities and measures will be monitored and assessed. It is a formal document that encompasses internal procedures that address key aspects of assessing project quality standards and how they will be measured, with necessary actions to be taken. Besides, regular management meetings will be held with participation of JPMG & OPSC members.

C.7.2 Which measures will you take to ensure quality in your project?

Describe specific approaches and processes and responsible partners. If you plan to have any type of project evaluation, please describe its purpose and scope here.

A Quality Management Plan (QMP) will be prepared to assure the quality of all activities and measures will be monitored and assessed. The Quality Management Plan will inevitably serve as an evaluation procedure to ensure that the project is meeting its pre-determined objectives effectively, according to the planned resources, in due time, in high quality to demonstrate a real value for its stakeholders.

Project quality is crucially influenced by its HR team. The progress and quality of projects are greatly influenced by the competence, professional and managerial experience of the people working in them, which is particularly important for the members of the JPMG. The members of the JPMG, especially the PC, will be carefully selected, ensuring that they have at least 5 years of professional experience in implementing high-value EU projects.

The QMP will be developed with the involvement of JPSC team, but will be conducted and monitored by an external quality management agency throughout the project lifecycle to ensure all project procedures and obstacles are identified and properly handled.

In this formal document, that will be prepared following the Project Workprogram, the needed internal procedures will be provided, along with the key aspects of assessing project quality standards and how they will be measured, which necessary actions shall be taken in case of any pre-identified risks occur.

The QMP will identify different methods of self-assessment, such as review of documents (meeting reports, other project documents to see, whether they are informative enough, do they meet pre-identified informational standards), self-assessment questionnaires filled by JPSC members. WGOS members, who are key actors with stakeholder-involvement, will complete an annual survey and interview among project stakeholders to collect their feedbacks on the project's progress. Review and survey of communication tools will be also done to see their effectiveness in reaching the target groups, evaluation of workshops and networking events, etc. Additionally, members of the project management on behalf of all partners will also contribute to the development of strategic documents. Revision and if needed, amendment of these professional materials will be part of their management tasks.

The progress-assessment based on QMP will be done in a timely manner, to see the real progress of the project. Pre-assessment will be done after the QMP is available to see the identify potential risks and challenges, as well as the baseline standards of the project. Mid-assessment will be done after every completed year, to see, whether any risks occurred and how they were handled, which measures were taken. Post-assessment will be done after project completion to see how the project fulfilled to its expectations and how successfully it reach its pre-defined goals. At regular JPMG certain project deliverables reviewed and assessed, even in pre-finalised stages, to see whether any modifications might be needed.

C.7.3 What will be the general approach you will follow to communicate about your project?

Who will coordinate project communication and how will he/she ensure the involvement of all partners? How will the communication function contribute to transfer your project results? Please note that all communication activities should be included in the work packages, as an integral part of your project. There is no need to repeat this information here.

The Project's Communication and Dissemination Strategy will be developed in the first period of the project that outlines the objectives, key messages, communication channels, the target audiences, the timelines and the mechanisms for evaluating the effectiveness of the different channels and activities. This strategy is indeed a guiding document for all communication activities, internal and external ones, ensuring consistency, and fostering the utilization of electronic communication channels (emailing, Zoom, Dropbox, Google Drive, PPs websites, project social media platform,) to ensure sustainable and effective communication forms. The Project Communication Strategy is intended to be a dynamic document with the possibility for review and make necessary changes based on lessons learned from its implementation. Dissemination channels of project results is also an integral part of this strategy.

The Project Coordinator, along with the Administrative and Communication Manager, appointed by LP will be responsible for internal communication and dissemination activities, who will also outsource and monitor certain communication tasks (eg. effectiveness of reach-out SM campaigns for the different target groups, networking event/workshop organization, website development).

The key messages of the project, important project milestones, successful interventions, and positive outcomes will be highlighted through various channels. Online communication materials, short videos, workshops, and seminars are kept will share knowledge and best practices with other stakeholders which will contribute to the wide transfer of project results.

JPMG keeps all stakeholders and partners informed and will ensure the involvement of all team members by establishing regular communication channels and conducting regular communication activities such as progress updates and meetings. Through network cooperation, the project builds a close and regular relationship between the partner organizations. The purpose of this is to create frameworks for common data use and interpretation, and to develop a health development model defined on the basis of common data. Networking and community planning activities will also focus on expanding the partnership to support sustainability of the project results and the transfer of good practices on – among others – the practical implementation of Integrated Care.

Two of the management groups, the OPSC and the WGOS (Working Group for the management of Overarching Strands, Cross-Border Co-operation on Population Health Data), gathering representatives of the Health-Sector and high-level decision makers will also play an important role in dissemination of the most important project results among stakeholders in Hungary and Romania.

The project will maintain a continuously updated project website, which will contain all important project related information, updates, results and resources. Besides, the project will utilize social media platforms like Facebook/IG/X,tik-tok maybe others to disseminate information and engage with a wider audience. The networking events and workshops of the project are to support the development and expansion of partnership and the transfer of good practises (with the participation of medical experts, doctors, nurses). The awareness raising programmes of the project have high significance regarding to the different target groups of the programme area. An opening and a closing conference will support dissemination of project results and the information of the wider public on the project objectives.

The Administrative and Communication Manager will make sure that all communication activities within the project are in line with regulations of Visual identity manual for RO-HU Programme 2021-2027 (usage of pre-defined logos/illustrations, required indications to font color, size, alignment, usage of billboards, etc.)

C.7.4 How do you foresee the financial management of the project and reporting procedures for activities and budget (within the partnership and towards the programme)?

Define responsibilities, deadlines in financial flows, reporting flows, project related transfers, reclaims, etc.

The Lead Partner is responsible for coordinating the financial management of the project, in order to ensure that all financial transactions are transparent and traceable, supporting the timely submission of the project's financial reports.

Under the guidance of the leading partner, the project management plan is prepared, which records the planned schedule related to the use of resources, the type of costs and the related procurement /public procurement obligations, as well as the financial reporting deadlines.

Both LP and PP4 organization has a designated financial manager, who is responsible for managing the budget allocated to their organization, for the proper administration of finances, and for ensuring the schedule developed in the in the Project Workprogram, in cooperation with the financial manager of the LP partner throughout. The superior financial manager, who has as overall responsibility for project finances, is definitely the financial manager appointed by LP. In case of PP2 and PP3, it is among the tasks of their administrative associates to handle their project part's financials. Both partners will be supported by an external public procurement expert.

During the execution of the project, the financial management also takes into account the instructions related to project finances in the Quality Management Plan.

The task of the project management, JPMG is to cooperate with the financial manager to ensure the efficient use of the project budget, which indirectly contributes to the fulfillment of the project goals and the pre-determined indicators and direct outputs related to them.

The appropriate efficiency of resource use is guaranteed by the application of procurement rules. Regular professional and financial reports will be prepared according to the rules defined in the program, as follows:

The LP prepares and submits the project reports in the JEMS system, according to the relevant laws and regulations, which contain the information provided by the project partners in their partner reports and give an account of the financial and physical progress of the project. Throughout, the applicant cooperates with FLC staff, who follow the progress of the project and issue inspection certificates after inspection.

The final report of the project is also submitted in JeMS, which includes the results achieved during the project, indicators, costs, and project activities. Reimbursement of validated expenses related to the final report is expected after its approval.

C.7.5 Cooperation criteria

Please select all cooperation criteria that apply to your project and describe how you will fulfil them.

Cooperation criteria	Description
----------------------	-------------

Cooperation criteria	Description
Joint development	<p>Yes Collaborative effort was made to draw up common challenges, create a capable partnership and to conceptualize a project and build up its activities. The project concept was elaborated by project partners both in physical meetings and through several online meetings between April 2024 and November 2024. Fulfillment of joint development criteria is provided by the common design of the proposed DENIM project, that integrates:</p> <ul style="list-style-type: none"> - Joint decision on the number of organizations cooperating across borders (4 organisations), jointly developed solutions (2), participation in joint actions across borders (164), strategies and action plans jointly developed (2), piloting a CB data management system (1), awareness raising and prevention events (3*16 events/project), professional networking events/workshops supporting development and expansion of partnership and the transfer of good practices (8 events/workshops within the project). <p>Békés County Council, as team leader of project preparation activities in cooperation with planning experts ensured the smooth communication and elaboration process with the assigned representatives of PPs from conceptualization until ready to submit technical-economic documentations for the planned investments.</p> <p>By describing the common territorial challenges, fields of intervention lead to common definition of project objectives and their expected cross-border long-term effects.</p> <p>Collaboration on the evaluation of the national health status in both country was done that lead to common interpretation and comparison of the obtained results: The 4 partners have consulted the available public strategic documents at local, regional, and national levels and the existing reports, health data statistics to point out the needy fields of intervention.</p> <p>Besides, all partners received external expertise support from a management and consultancy enterprise for the preparation of the application.</p>

Cooperation criteria	Description
Joint implementation	<p>Yes</p> <p>The activities of the project will be jointly managed by the 3-level project team, the JPMG, the OPSC and the Working Group for the management of Overarching Strands (WGOS), with the active support of external procurement and communication expertise. The project team supports all Project partners in the implementation of their own project part, while organizing joint activities, events, supervising the overall project activities and fulfill all administrative obligations.</p> <p>The PP's are all committed for achieving the objectives and obtaining the optimal outputs of the project, so they all bring their own resources to the table to support project implementation (staff, professional experience, networking value, time, infrastructure).</p> <p>The financial management and reporting procedure of the overall project is done under the supervision of LP's project coordinator and project financial manager assuring that all relevant financial, administrative and reporting procedures are properly fulfilled.</p> <p>The PPS are responsible for the implementation of their own activities in line with their proposed budget, in proper timeframe. The PP's staff assists the LP in its reporting and financial obligations by providing necessary data and administrative sheets for the project reporting procedure in time. (PPs financial managers oversee their accounting, banking and fin. reporting activities.)</p>
Joint staffing	<p>Yes</p> <p>All project partners are committed for maximizing the project's long-term and cross-border effect, which couldn't be possible without sharing mission, tasks, responsibilities and budget. The joint project and professional staffing structure enables the PPs to obtain the project's expected outputs and results and to maximize their efficiency in the cross-border region.</p> <p>Joint management: As described in WP1, the management team of the project is 3-layered, is consisted of an operative Joint Project Management Group, of an OPSC team, to promote decision-making process and dissemination of project activities on a high-level. The third WG is the Working Group for the management of Overarching Strands, responsible for the cooperation with other OSI project owners and also in disseminating the project results worldwide.</p> <p>JPMG gathers 10 associates of participating organisations, namely 3 people from the LP1 3 people from PP4 (1 project manager, 1 assistant project coordinator, 1 public procurement expert, 1 legal expert, 1 communication expert, 1 medical management expert, 1 financial manager) and 2-2 associates from the Hospitals involved (from PP2 and PP3 partners). PP4 management will be supported by internal experts as per job descriptions.</p> <p>The project team is carefully selected so that the necessary expertise for the management and implementation of the project will be provided, in terms of technical supervision of infrastructure works and public procurement processes, financial management, communication processes, coordination of activities. The JPMG team will be in constant reach of each other through regular phone & email & video conference to ensure an efficient management of the project. The management will hold regular management meetings in Békéscsaba and in Arad.</p>

Cooperation criteria	Description
Joint financing	<p>Yes</p> <p>As financial resources are planned and will be distributed to all partners according to their set budget, the joint financing are insured. Financial reporting and overall financial management is provided by LP, who collects and transmits payment claims and progress reports to the MA based on reports drafted by each partner based on their own activities and expenditures. General rules of eligibility, as well as cost reasonability were primary considerations when the Partners created their budgets. As a main rule, Partners plan to externalize only those activities, for which they lack organizational expertise or which can be implemented more efficiently by involving an external expert (Eg. procurement expertise, communication expertise, organization of workshops, awareness raising activities).</p>

C.7.6 Horizontal principles

Please indicate which type of contribution to horizontal principles applies to the project, and justify your choice.

Horizontal principles	Type of contribution	Description of contribution
-----------------------	----------------------	-----------------------------

Horizontal principles	Type of contribution	Description of contribution
Sustainable development	positive effects	<p>The project aims to develop & implement health innovations that serve the long-term sustainable development of border areas. This will include the development of infrastructure based on real needs, which is of vital interest to the project partner institutions & the countries concerned.</p> <p>The partnership realized within the framework of the project, the network collaborations and the transfer of knowledge realized within the framework of this serve the long-term sustainability of the project. These activities offer long-term solutions for both the professional staff participating in the project & the affected population (patients). The professional relationships that develop between the members of the medical team also form the basis of long-term cooperation, contributing to the improvement of the health situation of the population.</p> <p>In connection with the constructions, modern environmental protection and energetic aspects, principles and regulations are taken into account both during the planning and execution.</p> <p>The project uses the available digital technologies as much as possible in order to reduce the environmental load (e.g. online consultations, less travel).</p> <p>The implemented data management calls for the development of a professional practice which, in the long term, establishes and enables the professional cooperation between the two border areas concerned & the monitoring of the efficiency of the system.</p> <p>The pilot project elements pave the way for new professional areas and collaborations, supporting the realization of the main project elements and also helping access to health services.</p> <p>Establishing and operating cooperation between OSI projects serves long-term sustainability by building long-term interprofessional relations, learning about results & good practices.</p> <p>The strategic documents (e.g. CB multi stakeholder population HIS) created as outputs of the joint activities lay the long-term basis for the joint specific professional goals and related tasks.</p>

Horizontal principles	Type of contribution	Description of contribution
Equal opportunities and non-discrimination	positive effects	<p>The population of Arad and Békés counties, located in the target area of the project, is considered a disadvantaged region in Hungary and Romania, taking into account the economic and social characteristics of the areas. The basic goal is that the affected population, especially the targeted patients, have equal access to the activities and results of the project, regardless of their nationality, ethnicity, age or socio-economic status.</p> <p>The project undertakes that all persons who live in the eligible area of the project (Arad and Békés counties) will be able to benefit from the long-term project results. With the awareness-raising activities, it is possible to achieve that the population of Arad and Békés counties, especially members of disadvantaged groups (including Roma, women, low-income families, the elderly, children) and/or those living in isolation have access to the relevant services and at the same time to the benefits of a healthy lifestyle.</p> <p>Attention-raising activities include the preparation of sophisticated and user-friendly materials in order to ensure that the most important information of the events reaches the largest possible part of the population.</p>
Equality between men and women	positive effects	<p>The project primarily affects the health field, but at the same time, through its professional activities, it contributes to the enforcement of the horizontal principle. During the implementation of the developments, a clear goal is to ensure equal access to health services for men and women, and that the results of the project are accessible to everyone, regardless of gender.</p> <p>Regarding the personnel participating in the professional program (management and health professionals), it is also a priority to ensure equal opportunities between men and women.</p>

C.8 Long-term plans

As a programme, we would like to support projects that have a long-lasting effect in the territory and those who will benefit from them. Please describe below what you will do to ensure this.

C.8.1 Ownership

Please describe who will ensure the financial and institutional support for the outputs/deliverables developed by the project (e.g., tools), and explain how these outputs/deliverables will be integrated in the work of the institutions.

The project outputs and deliverables were carefully designed to ensure lasting benefits for a wide range of stakeholders, from the local population (from young to middle-aged residents) to policy makers and stakeholders, while the infrastructural developments will also have a lasting impact on the daily work of healthcare professionals.

The owners of the investments and purchased equipments are all state-owned health institutions and a county council authority. The infrastructural developments at two planned venues, such as development of the quality of the building infrastructure, also the enhancement of equipment park of the given health-care institutions will be reserved by its owners and serve the population of the RO-HU region.

The internal document „Development of a cross-border Memorandum of Understanding” between the partners will include a detailed list and certain measures in its dedicated section, on how partners intend to maintain the developed infrastructure and good state of equipments, along with providing the necessary maintenance costs after project completion.

As the project’s major focus is on building the capacity of local stakeholders, all the methodological elements, proposals and resolutions developed during the project implementation will be distributed to a wide range of stakeholders, their abstracts will be shared publicly through project websites and through networks, including healthcare professionals, hospitals, ngos, decision makers in the region, state government institutions.

The financial and institutional support for the outputs and deliverables developed by the project will be a collaborative effort involving all project partners, local institutions, and relevant stakeholders.

The cross-border regional health and population health improvement dashboard will be available for sub-regional and regional network of healthcare providers and other interested organizations.

By engaging a large number of local people through awareness-raising activities, the project is building a culture of health and well-being that extends beyond the project period.

Building and strengthening networks with relevant stakeholders, including local authorities and other healthcare institutions will contribute to the project's long-term impact. Partnerships formed during the project will continue to support initiatives related to population’s health care developments.

Further results of the project such as a cross-border multi-stakeholder population health improvement strategy, that will be available in both languages, with an EN abstract creates a framework for the further development of the network being set-up within the framework of the project after project completion.

C.8.2 Durability

Some outputs/deliverables should be used by relevant groups (project partners or others) after the project's lifetime, in order to have a lasting effect on the territory and the population. For example, new practices in urban transport need to be used by local authorities to have cleaner air in the city, and the whole population will benefit from this. Please describe how your outputs/deliverables will be used after the project ends and by whom.

A fundamental element of the project concept is ensuring the long term sustainability of the project results and have long-term improvements in the sector through outputs with lasting effects. While current project has specific target groups and clinical priorities, the project model will be durable and can be used to address further agreed population health priorities in the post-2027 period, such as women's health needs and population mental and emotional health and wellbeing. The primary goal is for the results to be sustainable even after the end of the project, and in case of certain elements to contribute to the planning and foundation of the EU development period after 2027. The first category includes individual elements of the equipment park and infrastructural developments, such as development of the quality of the building infrastructure. These investment elements will continue to serve the population of the RO-HU region for years to come. The project will focus on developing a territorial health evidence base, collaboration and sharing of data, and approaches to data-driven decision-making which can facilitate future planning for healthcare systems in the cross-border region in the post-2027 period. This data collection mechanism (cross-border regional health and population health improvement dashboard) will be available for sub-regional and regional network of healthcare providers and other organizations to ensure a better understanding of the demand arising from the patients' side and will help decision makers improve the legal, administrative and other conditions within the healthcare system and pave the way for a possible future integration between the Romanian and Hungarian healthcare system.

Also certain methodological elements, proposals and resolutions developed during the project implementation, such as the collaborative healthcare and population health statistical data sharing agreement, the cross-border Memorandum of Understanding and the Strategic papers strengthen synergy and lay the foundation for long-term cooperation between organizations operating the cross-border healthcare system. Further results of the project such as a cross-border multi-stakeholder population health improvement strategy creates a framework for the further development of the network being set-up within the framework of the project after project completion. This network will include the partners contributing in DENIM project, healthcare providers, clinical professionals, local and regional decision makers as well as NGOs collaborating to improve the resilience and sustainability of the cross-border healthcare system. Further development of the multi-stakeholder population health improvement strategy will be supported by community planning workshops after project completion with participants from different stakeholders – NGOs, decisionmakers, clinical experts, representatives of local communities.

With these long lasting project results DENIM project is intended to become a permanent mechanism and evidence resource within the cross-border healthcare system into the future- making evidence-based planning a central tenet of the future cross-border healthcare ecosystem. Also through its outputs the project is expected to provide a significant and durable contribution to solving the challenges detailed previously in the AF.

C.8.3 Transferability

Some outputs/deliverables that you will deliver could be adapted or further developed to be used by other target groups or in other territories. What will you do to make sure that relevant groups are aware of your outputs/deliverables and are able to use them?

By now, the health care governments of several countries have recognized that the treatment of chronic diseases and the provision of complex rehabilitation and prevention services require a new approach.

One of the most important features of this project is the transferability of the final outputs and results to other organizations in the region, including Central and Eastern Europe. After preparing the foundational studies based on local data, our project implies innovative methodologies and tools and involves local stakeholders to prepare an action plan and strategy related to the integrated care model for different target groups. The final and most important output of the project, the cross-border multi-stakeholder population health improvement strategy, provides tangible guidance for healthcare reform, which can be transferred to a wide range of stakeholders.

The project by its complex, multi-level approach - from the cross-border territorial data analysis surveying health status through enhancing the population's access to health prevention community events, besides striving for a better infrastructural background in the treatment of chronic disease and cancer treatment) provides a great background for distilling national recommendations for the care-sector reform needed both sides of the border.

Innovative international interventions can be transferred into other countries' practice:

The studies created within the project (eg. the Analysis of the common challenges, bottlenecks and the possible forms of integration of the healthcare systems in the cross border region) initiate the use a number of innovative interventions to deal with the emerging problems.

IT-based solutions will be integrated: The cross-border data collection, data analysis, and joint examination of the results will lead to the development of at least two high-end digital solutions that can contribute to the creation of an improved data collection and –management tool, the database and its integral part, the dashboard, that can be integrated into the existing technology infrastructure of healthcare institutions.

Policy recommendation papers: the studies and recommendations created within the project (eg. Strategic papers highlighting unmet population health needs in the cross-border area) can serve as a basis and can be further utilized into broader healthcare policies and healthcare reforms.

It's worth mentioning that while the current project has specific target groups and clinical priorities, the project model will be durable and can be used to address further agreed population health priorities in the post-2027 period, such as women's health needs and population mental and emotional health and wellbeing

Community and stakeholder engagement: through network cooperation, the project builds a close and regular relationship between the partner organizations. The purpose of this is to create frameworks for common data use and interpretation, and to develop a health development model defined on the basis of common data. Networking and community planning activities will also focus on expanding the partnership to support sustainability of the project results and the transfer of good practices on – among others – the practical implementation of Integrated Care.

Valuable cooperation experiences of partners: the cooperation between the cross-border medical institutions and establishment of common database dashboard, knowledge-transfer and the creation of communication channels will serve as a basis for future cooperations, even with other medical actors. To support need driven development of cross-border healthcare system, community planning techniques will be applied during implementation to determine community needs, set goals and priorities through the active participation of local communities.

The Romanian partner is spending significant human resources to ensure the effectiveness of the project, which can also play a major role in the production of common results, their dissemination and possible future development.

Further development of health infrastructure: infrastructure development will contribute to the further development and concentration of oncology care in the region, and will improve access to and use of high-level care in Békés County and border settlements.

Reference possibility for other regions: the developed integrated care model for different target

groups can be shared the with other CB regions in eastern and central Europe, and provide a great possibility to work with JTS in this regard.