

Structural funds in Slovakia

*(version from 06/09/2009 describing the status up 30/06/2009;
ammended on 11/11/2009 by answers to questions of Viera Volosinova)*

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Acknowledgments

With preparing of this report I owe my thanks to my colleagues from Health Policy Institute. I would like to thank Simona for helping me to formulate the questionnaires and using the NPS methodology. My gratitude is very deep towards Janka, who helped me with field research and collection of all the questionnaires. Angelika, thank you for the inspiration how to measure the health needs. Last, but not least I would like to thank Tomas for helping me out with defining the hospitalizations across regions. You are great supporters to my work!

List of Abbreviations

ERDF	European Regional Development Fund
GDP	Gross Domestic Product
HIC	Health Insurance Company
HPI	Health Policy Institute
HTU	Higher Territorial Unit (altogether 8 in Slovakia)
MOH	Ministry of health
NPS	Net Promoter Score
OPH	Operational Programme Health
RDA	Regional Development Agency
TEH	Total Expenditures on Health
SF	Structural Funds

Executive Summary

Contextual background

The economic crisis backed Slovakia into recession. The slowdown was obvious already in 2008, but the bottoms were reached in 1st (-5,6%) and 2nd (-5,3%) quarter of 2009. With expected -5,0% GDP growth (Table 1) in 2009 Slovakia reports one of the highest production falls. The production cut is accompanied with increasing unemployment rate (reaching 12-13%), freezing wages and worsening liquidity of companies.

Table 1: Basic macroeconomic parameters

	2008	2009 e	2010 f
GDP (% growth in real terms)	+ 6,4	-5,0	0,0
Employment in thousands	1 929	1 832	1 840
Wages in EUR	723	721	750
Consumer prices in %	+ 4,6	+ 1,2	+1,9

Source: Statistical Office of Slovak Republic, 2009

e ... estimate, f ... forecast by Health Policy Institute, 2009

The trends in employment (decreasing), wages (freezing) and liquidity (worsening) has profound impact on the health system, since 2/3 of the revenues of health insurance companies are financed via contributions of employed people.

The revenues of health insurance companies will reach approx EUR 3 187 million. This is a EUR 449 million dropout compared to the non-crisis scenario (EUR 3 636 million¹). This breakdown of revenues will be automatically mirrored in the expenditure side of the health insurance companies not allowing them to increase the payments to providers and suppliers. Since overall expenditures on health fall more slowly than the GDP, we are witnessing a small increase of the share of total health expenditures on GDP from 5.9% to 6.0% in 2010 (Table 2).

Table 2: Health care expenditures in EUR

	2008	2009 e	2010 f
Expenditures of Health Insurance Companies (HIC)	3 262	3 187	3 282
MOH/HTU chapter	122	121	110
Out of pocket expenditures	636	605	622
Total expenditures on health (TEH)	4 020	3 913	4 014
GDP	68 400	65 800	66 200
TEH as % of GDP	5.9	5.9	6.0

Source: Statistical Office of Slovak Republic, 2009

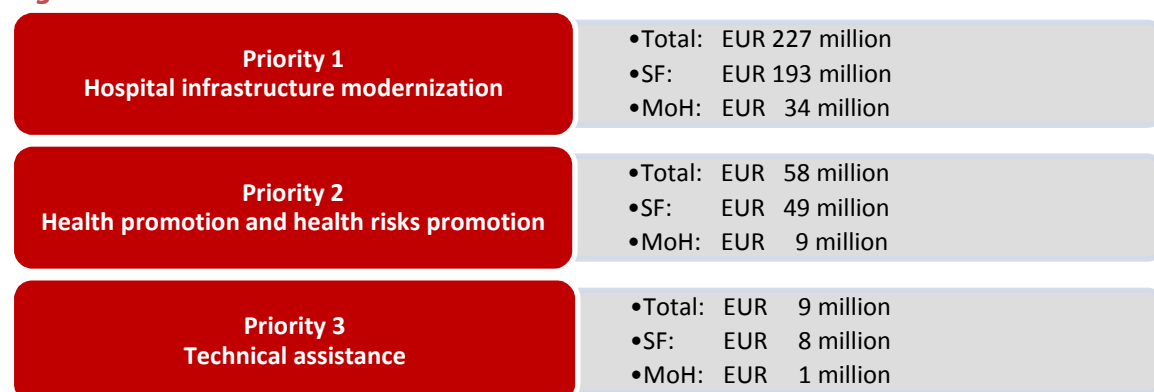
E ... estimate, F ... forecast by Health Policy Institute, 2009

¹ Non crisis scenario: HPI assumption for 2009 was EUR 3 636 million and MoF prediction for 2009 was EUR 3 665 million

Structural Funds

Contrary to other EU member states, the structural funds dedicated to health care are managed by Ministry of Health, not other ministries. Regarding to the Operational Programme Health (OPH), the structural funds (SF) are directed to 3 priorities (Figure 1). Hospital infrastructure modernization (EUR 227 million), health promotion and health risks prevention (EUR 58 million) and technical assistance (EUR 9 million).

Figure 1: Priorities of structural funds in Slovakia



Source: Ministry of Health, 2008

In comparison, the expected dropout of EUR 449 million in the single year 2009 is almost double of the overall financial budget of structural funds in healthcare (EUR 250 million) for years 2007 – 2013. And in general, the structural funds dedicated to healthcare do not exceed 1,25% of the overall public healthcare expenditures in the given period. The drawings of structural funds are seriously delayed. According to the approved financial plan, in 2009 already 40% of the overall sum should be drawn (Table 3). In reality, the drawings until 30/06/2009 are EUR 0 (Table 4) so the progress is 0%.

Table 3: Financial plan in EUR

Year	ERDF Structural Funds
2007	35 556 323
2008	34 599 224
2009	33 296 268
2010	30 717 394
2011	33 076 047
2012	36 494 036
2013	46 260 708
Total 2007-2013	250 000 000

Source: Ministry of Health, 2009

Table 4: Drawings according to priorities

Priority	Total budget for 2007 -	Approved up to	Progress	Drawing up to	Progress

	2013	30/06/2009	in %	30/06/2009	in %
1. Hospital infrastructure modernization	227 mil. EUR	99,5 mil. EUR	44%	0 mil. EUR	0%
2. Health promotion and health risks prevention	58 mil. EUR	6,6 mil. EUR	11%	0 mil. EUR	0%
3. Technical assistance	9 mil. EUR	n.a.	n.a.	n.a.	n.a.

Source: Ministry of Health, 2009

Problem definition (main objective)

According to the OPH the main problem in Slovakia is the health condition of population in Slovakia, which is to be solved by investments into healthcare infrastructure. Especially construction, reconstruction and modernisation of hospitals (priority axis 1) and polyclinics and healthcare centres (priority axis 2).

Indicators only poorly measure the achievement of the main objective

The indicators (altogether 22) which are to measure the progress of implementing the structural funds are mainly structural indicators (7), or have no relevance to the main objective (9). This is contrary to the MOH problem definition, which defines the health condition as the main problem. Therefore, the evaluation of the projects based on these measures cannot lead to support of those projects, which are outcome oriented.

Out of 22 indicators measuring the impact of structural funds, 7 are structural indicators measuring the increased number of beds or area that is being modernized, 2 are process indicators changing the processes within hospitals/prior to hospitalizations and 4 are production indicators measuring number of patients or procedures (Table 5).

Among indicators, there is none to measure the outcome (or the benefits) of the invested money. According to these criteria, for the MOH is far more important to measure how many new beds are built than to measure, how these beds improve the health status of the population. The same applies to production indicators. The MOH rather measures how much preventive examinations are made rather to analyse, if these examinations are cost-effective and what is the main outcome for the population.

The only reasonable indicators are 2 process indicators that measure the changing pattern of health care delivery: (1) relying less on hospitals and more on ambulatory care and (2) decreasing the length of stay in hospitals.

All above this, precisely 9 indicators measure the functioning of the structural funds scheme itself having no relevance to the problem definition stated by the MOH (improving health condition of Slovak population). These indicators measure how many projects will be supported and how many people will be employed.

Measuring the impacts of the structural funds by these indicators will give us accurate answers on questions that might be interesting, but do not meet the main objective of how structural funds improve the health condition of the Slovak population. And this is quite pity, while according to our survey, project applicants very positively evaluate the overall contribution of their projects, and in their view the execution of the project would significantly add to the improvement of the population's health in the region. They see the greatest contribution in the quality improvement of providing healthcare services.

Table 5: Structure of indicators evaluating the efficiency of structural funds

	Indicators with no relevance to problem definition	Structural indicators	Process indicators	Production indicators	Outcome indicators	Total
OPH	3	1				4
Priority axis 1	2	4	2	1		9
Priority axis 2	2	2		3		7
Priority axis 3	2					2
Total	9	7	2	4	0	22

The projects were mainly prepared 3 to 6 months

According to our survey among applicants, more than 40% of them devoted up to 6 months to the elaboration of the whole project including the project documentation and nearly one third worked on the preparation approximately 3 months.

Almost 20% of applicants invested more than EUR 100 000 in project preparation

One third of respondents invested into the development of the project up to 25 000 EUR, 28 % indicated that the expenses related to the project reached up to 50 000 EUR, 6 % invested up to 100 000 EUR and 19% have exceeded the margin of 100 000 EUR.

Only 22% of the applicant was able to prepare the project

72 % of the respondents drew on the help of a consultancy while developing the project, 22% of the inquired individuals prepared the project by themselves, 13% made use of a Regional Development Agency and 6% of the respondents cooperated with a bank.

Applicants mainly turned to professional consulting companies

In almost two thirds of the cases (63%) the respondents turned with inquires most frequently to a professional consultancy company. Two thirds of the respondents perceive the preparation of the project as very challenging and 37% indicated that the preparation process was as of medium difficulty.

Support from the MOH and HTU was evaluated very negatively

The evaluation of the support received from the Ministry of Health was very negative (NPS = -0.66), the respondents did not perceive the activities of the Ministry of Health as particularly helpful in the preparation of the project (NPS = -0.67), further on the respondent also negatively evaluated the people working with structural funds at the Ministry of Health (NPS = -0.52) and many respondents heavily commented on the quality of the information about the structural funds on the website (NPS = -0.41).

6 respondents could not evaluate the support from the Higher Territorial Unit (HTU), while others mostly assessed this support as negative (NPS = -0.42).

The evaluation process was assessed as biased and non-transparent

The majority of respondents see the project evaluation process as biased (NPS = -0.53) and non-transparent (NPS = -0.52). The projects of 24 respondents were not supported, 8 respondents were successful in the application process.

The mood after not receiving structural funds is pessimistic

52 % decided not to carry out the project without the SF help. 87% of the respondents perceive the fact of not obtaining the grant as a competitive disadvantage. 70% does not believe, that the banks would be willing to finance a project not supported from the structural funds.

Banks play important co-financing role

67% of the respondents, whose project was granted, are cooperating with a bank on a joint financing of the project. 62 % of the respondents, whose project was approved, will use the possibility of advanced financing for their projects.

The biggest hurdle was lack of help, support and cooperation from the MOH/HTU

The respondents included among the greatest difficulties in the preparation process of the project the complicated administrative paperwork, the complexity of the process and financial requirements, unclear criteria, development of a complex restructuring program, lack of experience with project preparation.

Among the greatest difficulties in the preparation process of the project was the lack of help, support and cooperation from the MOH/HTU (NPS = -0.76; NPS = -0.70) and lack of staff for the development of the project (NPS = -0.70). Unclear regulations for obtaining the structural funds, complexity of the process and demanding financial design of the project were considered as a much smaller problem.

Operational processes of MOH/HTU in support to applicants and evaluation of projects are ranked mainly as poor

Table 6: Evaluation of processes by respondents

Part	Poor	Fair	Good	Excellent
Support from MOH/HTU	MOH help, seminars, conferences (NPS = -0.67)	HTU support (-0.42)		
	MOH support (NPS = -0.66)	Quality of information (NPS = -0.41)		
	MOH staff (-0.52)			
Evaluation of the projects	Objectivity of the project assessment process (NPS = -0.53)			
	Transparency of the project assessment process (-0.52)			

... but people have faith

91% of the inquired individuals would yet again decide to develop a project, 9 % of the respondents would disregard another project preparation.

Recommendations

Structural funds are only a fraction of the health care budget for years 2007 – 2013 and their presence cannot compensate the major decline in sources of financing due to economic crisis. On the other hand, structural funds represent a politically attractive, but very selective tool of financing. According to applicants, their evaluation is non-objective and non-transparent. Above this, there is a reasonable doubt, that the predefined indicators can not measure the real impact of structural funds on the health status of the population, which is stated as the main objective of their use.

To increase the efficiency of structural funds, we propose:

1. Reprioritize the priority axis and use universal tools with widespread impact and use the Donabedian approach (structure – process – outcome):
 - a. support building of emergency tunnels in hospitals to improve the survival chain, that begins with high quality emergency services (average intervention time is 11 minutes) and is slowed down in hospitals by missing emergency tunnels (structure orientation)
 - b. increase efficiency by better coordination of care between ambulatory, secondary and tertiary care providers (process orientation)
 - c. implement accreditation standards to improve process quality of health care (process orientation)
 - d. implement DRG as payment mechanism (production orientation)
 - e. decrease regional health gaps by implementing clinical protocols (outcome orientation)
2. There is also an option to open the National Strategic Plan to invest the money not in healthcare directly, but indirectly, by prioritizing the projects, that are boosting the real economy (e.g. highways). A functioning economy after the crisis may create more money for healthcare than the whole structural funds. The argument for stopping structural funds in healthcare and invest them in other sector is important also from the point, that according to applicants the structural funds are creating an unfair competition for other projects in the region, which do not have SF funding. Not speaking about crowding out effect of bank loans, or private investments, that have more complicated access to market, if the capital is used from structural funds

1. Analysis of the main health needs at regional and local level where potential health investment could add value to regional and economic development.

1.1 Methodology

Health needs assessment is a complex and demanding task. There are various approaches for their definition. To measure the health needs of the Slovak population by regions a specific methodology was developed. We try to compose a Health Index for each region using 4 main axes and 11 indicators:

1. Average life expectancy at birth (2 indicators: men, women)
2. Occupational hazards and risk factors (3 indicators: sick leaves, injuries, dangerous jobs)
3. Group 5 diseases (5 mortality indicators)
4. Inpatients (1 indicator: hospitalizations in hospitals)

Table 7: Composition of Health Index by indicators and weights

Axis	Indicator	Year	Weights
Average life expectancy at birth	Men	2008	0,10
	Women	2008	0,10
Occupational hazards and risk factors	Sick leave	2008	0,05
	Injuries	2008	0,05
	Dangerous jobs	2008	0,10
Mortality rates of group 5 diseases	Cardio	2007	0,10
	Oncologic	2007	0,10
	Respiratory	2007	0,10
	Digest	2007	0,10
	External causes	2007	0,10
Inpatients	Hospitalization rate	2005	0,10
Total	Health Index		1,00

This list of indicators (Table 7) has no ambition to be absolute and constant. Rather it is a concept that needs more critical thinking and refinement. Our approach is based on life expectancy (crude measure of health status), occupational hazards (affecting predominantly economically active people), mortality rates of 5 group diseases (responsible for 93% of all death in Slovakia) and hospitalizations (to see the sentiment towards tertiary care).

The open question is how the weights bias the final results. After some sensitivity tests, we can generalize, that Slovakia is split diagonally from south-west to north-east dividing the country into healthier west/north-west and sicker south/south-east. There is no surprise that this split heavily correlates with socio-economic condition of regions.

1.2 Data

The data used for health needs assessment are from relevant sources:

- Average life expectancy at birth (men, women) by regions is from Statistical Office of the Slovak Republic (www.statistics.sk)
- Occupational hazards and risk factors (sick leave, injuries and dangerous jobs) by regions are from Statistical Office of the Slovak Republic (www.statistics.sk)
- Mortality rates of group 5 diseases by regions are from National Center for Health Information (www.nczisk.sk)
- Hospitalization rates by regions are from the National Center for Health Information (www.nczisk.sk)

1.3 Results

Our methodology attributes to each of 79 regions a specific Health Index that tries to describe the health status of the population living in that given region. Health Index is a weighted average of relative positions of values of each indicator in region. The relative position varies from 0 to 1, with the least desirable value having 0 and most desirable value having 1.

The Health Index distributes the 79 regions into 5 groups:

- 2 regions with "Excellent" health status (Health Index > 0,8)
- 13 regions with "Very good" health status (Health Index > 0,7)
- 33 regions with "Good" health status (Health Index > 0,6)
- 21 regions with "Fair" health status (Health Index > 0,5)
- 10 regions with "Poor" health status (Health Index < 0,5)

The main reasons of different health status of the Slovak population are living status, environment, socio-economic development and education level. Lower health status mainly on south/south east Slovakia is also influenced by lifestyle. Here the nutrition with high saturated fat dominates, accompanied by lower level of exercise and high consumption of alcohol. This lifestyle corresponds with agricultural settlement type.

Figure 2: Health status of Slovak population by regions measured by Health Index

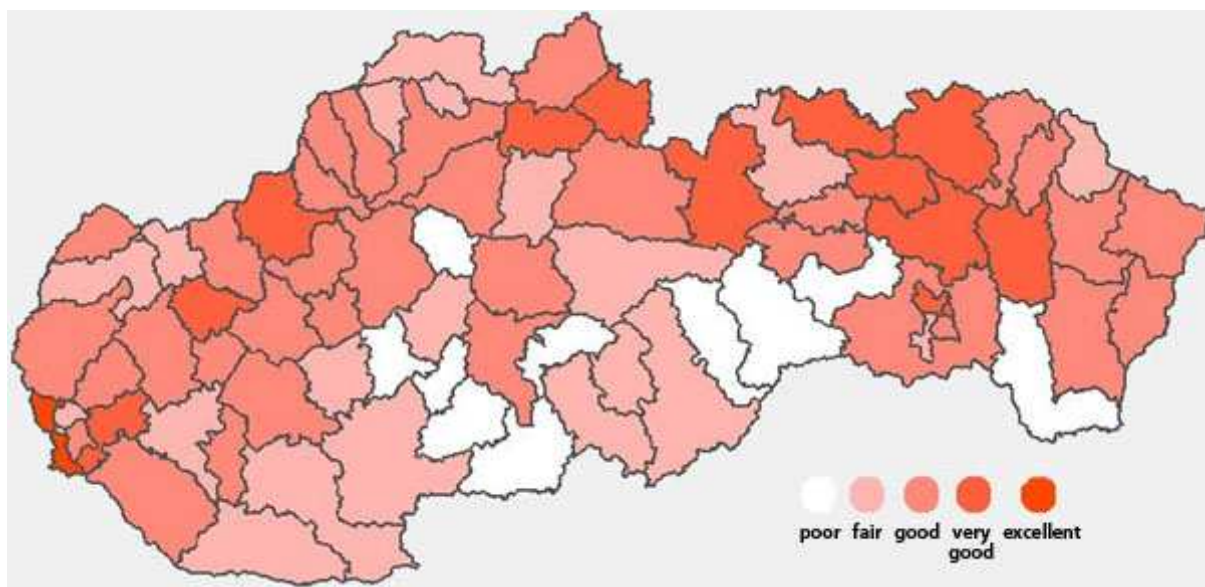


Table 8: Distribution of regions by Health Index on higher territorial level

	Bratislava	Prešov	Trenčín	Trnava	Žilina	Košice	Nitra	Banská Bystrica	Grand Total
Excellent	2								2
Very good	1	6	1	1	2	2			13
Good	3	5	7	4	4	5	3	2	33
Fair	2	2	1	2	4	1	4	5	21
Poor					1	3		6	10
Grand Total	8	13	9	7	11	11	7	13	79

Table 9: Health Index by regions and higher territorial level

	Bratislava	Prešov	Trenčín	Trnava	Žilina	Košice	Nitra	Banská Bystrica	Grand Total
Excellent	0,85								0,85
Very good	0,70	0,75	0,74	0,72	0,72	0,75			0,74
Good	0,64	0,66	0,65	0,65	0,67	0,63	0,64	0,66	0,65
Fair	0,55	0,55	0,51	0,54	0,55	0,59	0,55	0,54	0,55
Poor					0,48	0,46		0,48	0,47
Grand Total	0,68	0,68	0,64	0,63	0,62	0,60	0,59	0,53	0,62

2. Analysis of the health and health-related investment projects (co-) financed by the Structural Funds planned or being implemented in 2007-13

2.1 Methodology

2.1.1 Global indicators

First of all, we need to analyze the methodology, which is used by the MOH to measure the impact of the structural funds. The efficiency of the global aim of the operational program health (OPH) is to be measured by number of supported projects by axis (2 indicators), by number of employed and the decrease of energy requirements by 15%.

Out of these 4 indicators, only the last one is useful as a structural indicator. Other 3 indicators have no relevance to the MOH problem definition (improving the health condition of Slovak population).

Table 10: Indicators on the OPH level

Indicator type	Indicator name	Target value 2015	Comment
Output	Number of supported projects by OPH on the level of Priority axis 1 Core indicator	30 projects	This indicator has no relevance to the problem definition
Output	Number of supported projects by OPH on the level of Priority axis 2 Core indicator	28 projects	This indicator has no relevance to the problem definition
Impact	Number of created work positions: - together - men - women Core indicator	58 29 29	This indicator has no relevance to the problem definition
Result	Average decrease of energy requirements of buildings used by supported facilities of healthcare infrastructure	15%	Structural indicator

Source: MOH SR, 2007

2.1.2 Indicators on the Level of Priority Axis 1

Table 11: Indicators on the level of Priority Axis 1

Indicator or type	Indicator name	Target value 2015	Comment
Output	Number of beds operated within the modernized infrastructure	1 250 beds	Structural indicator
Output	Area of built and equipped spaces for healthcare provision	37 600 sqm	Structural indicator
Output	Area of reconstructed and furnished spaces of healthcare provision	150 200 sqm	Structural indicator
Result	Number of hospitalized patients within the modernized infrastructure	56 000 patients/year	Production indicator
Result	Number of hospitalizations of ambulatory care sensitive diseases	From 12,2 % to 8,0%	Process indicator
Result	Average duration of hospitalization	From 9,5 to 7,1 days	Process indicator
Core	Number of created work positions: together men women	30 15 15	This indicator has no relevance to the problem definition
Result	Average decrease of energy requirements of buildings used by supported healthcare infrastructure facilities	15%	Structural indicator
Core output	Number of supported projects by OPH, priority axis 1	30 projects	This indicator has no relevance to the problem definition

Note: Hospitalisation in the scope of ambulatory care sensitive cases are hospitalisations in situations, in which if they are taken care of in timely and appropriate manner, usually do not necessitate hospitalisation of the patient (Institute of Medicine, 1993). They are defined by a greumium of doctors. Ambulatory care sensitive cases represent a healthcare situation: usually these cases are diseases, which require treatment on the level of primary care. They reflect problems in the function of ambulatory healthcare and the network of hospital specialists.

2.1.3 Indicators on the Level of Priority Axis 2

Table 12: Indicators on the Level of Priority Axis 2

Indicator type	Indicator name	Target value 2015	Comment
Output	Area of reconstructed and furnished spaces of healthcare provision	66 140 sqm	Structural indicator
Result	Number of patients who were provided with healthcare within the modernized infrastructure	844 000 patients	Production indicator
Result	Number of preventive examinations	n.a.	Production indicator
Result	Number of preventive procedures – interventions (selected diagnoses)	n.a.	Production indicator
Core	Number of created work positions together men women	28 14 14	This indicator has no relevance to the problem definition
Result	Average decrease of energy demand of buildings used by supported facilities of healthcare infrastructure	15%	Structural indicator
Core Output	Number of supported projects by OPH, priority axis 2	28 projects	This indicator has no relevance to the problem definition

2.1.4 Indicators on the Level of Priority Axis 3

Table 13: Indicators on the Level of Priority Axis 3

Indicator type	Indicator name	Target value 2015	Comment
Output	Number of supported projects	2	This indicator has no relevance to the problem definition
Core	Number of work positions created	65	This indicator has no relevance to the problem definition

2.2 Data

This section uses two types of data:

1. Information about supported projects from the MOH evaluation memo for every call
2. Health needs assessment (health index) from previous section

2.3 Results

2.3.1 Priority axis 1, call 1.1 OPH for specialized hospitals

The call is focused on reconstruction and modernization of healthcare infrastructure of specialized hospitals. The aim of the call is to support complex projects of construction, reconstruction and modernization of hospital infrastructure of specialized hospitals, including of purchase of medical equipment and technologies with predominant orientation on treatment of group 5 diseases.

Table 14: List of approved grants in call OPH 2008/1.1/01

Succesfull applicant	Project	Grant in EUR
Central-slovak institute of cardiovascular diseases, Banská Bystrica	Complex modernization to increase the level of provided health services	6 634 003,82
East-Slovak institute of oncology, Košice	Modernization	3 311 093,41
East-Slovak institute of cardiovascular diseases, Košice	Modernizatio of medical infrastructure for ensuring complex health care services	3 312 080,43
National institute for tuberculosis, lung diseases and thoracic surgery, Vyšné Hágy	Contructory-technological reconstruction and modernization for complex health services	4 976 727,96
Cardiocenter, Nitra	Purchase of angiograph for complex kardiological applications	1 662 276,11

Investments in cardiocenters (Banská Bystrica, Košice, Nitra) are in line with the aim of the axis orientation on group 5 diseases. Currently, cardiovascular diseases are responsible for 47,9% of men and 61,6% of women deaths in Slovakia (Table 15). On the other hand, the selected indicator set (Table 11) will not give us answers, to question, if these financial resources were invested cost-effectively.

Investments in East-Slovak institute of oncology and National institute for tuberculosis also corresponds with axis orientation on group 5 disease, again due to the selected set indicator set (Table 11), the real evaluation will be very problematic.

Table 15: Mortality rates for Group 5 disease in %, 2007

	KARDIO	ONKO	RESPIRO	EXTRA	DIGEST	TOTAL
Men	47,9	24,4	6,5	8,3	6,5	93,6
Women	61,6	19,8	5,2	2,4	4,5	93,5

Source: NCZI, 2009

2.3.2 Priority axis 2, call 2.1 OPH for ambulatory care providers

The aim of the axis is to support complex projects of reconstruction and modernization of healthcare infrastructure of ambulatory care providers including medical equipment with focus on Group 5 diseases (kardio, onko, extra, respiro and digest).

Table 16: List of approved grants in call OPH 2008/2.1/01

Successful applicant	Project	Grant in EUR	Health Index of the region
CT Martin	Modernization of technologies	1 642 933,01	0.683 (good)
Immunoallergological clinic Dzurilla, Nitra	Extension of the building	1 649 954,69	0.680 (good)
Hospital with policlinic of St. James, Bardejov	Complex assurance of ambulatory care and construction of 3 ambulances focused on dangerous diseases to prevent group 5 diseases	1 573 090,62	0.776 (very good)
Policlinic ŽILPO, Žilina	Complex reconstruction and modernization of ambulatory policlinic	1 644 788,60	0.676 (good)

Contrary to previous call where centers with national and overregional focus were supported, in this call the regional context is very important and we will use the Health index to challenge the MOH decision. We assume, that ambulatory care has a regional concept (access within 30 minutes = cca 30 km circle) and therefore regional context is very important.

All of the supported projects are from regions, where the health status can be characterized as good or very good. There is no project from regions with poor or fair health condition.

Above this, media raised some questions about two succesful applicants and the evaluation process. One of the owners of policlinic ŽILPO is a member of parliament for a ruling political party. One of the decision makers behind Hospital Bardejov is the chief of Associations of Slovak Hospitals.

Like with the previous call, the selected indicator set (Table 12) will not give us answers, to question, if these financial resources were invested cost-effectively.

2.3.3 Priority axis 1, call 1.2 OPH for general hospitals

The aim of the call is to support complex projects of reconstruction and modernization of healthcare infrastructure of general hospitals including medical equipment with focus on group 5 diseases.

Table 17: List of approved grants in call OPH 2008/1.2/01

Successful applicant	Project	Výška schváleného NFP EUR	Health Index of the region
Hospital, Poprad	Extension, reconstruction, technological modernization of operating rooms, central sterilization, radiology and emergency rooms	13 953 194,88	0.727 (very good)
Teaching hospital with policlinic, Nové Zámky	Modernization	8 298 478,37	0.533 (fair)
Hospital with policlinic, Žilina	Complex solution of urgent and oncological healthcare	13 277 428,14	0.676 (good)
Teaching hospital, Nitra	New curative pavilion	22 544 335,61	0.680 (good)
Teaching hospital Martin	Finishing the construction of surgical pavilion	14 937 262,30	0.683 (good)
Childrens teaching hospital with policlinic, Banská Bystrica	Extension and reconstruction	6 629 215,38	0.665 (good)

This call again supports regions with good (4), or very good (Poprad) health condition. Only one region (Nové Zámky) is from fair health index level. Interesting is, that this call strengthens the distribution of financial resources to regions with successful applicants from previous calls – Martin, Nitra, Žilina or Banská Bystrica.

Again, the selected indicator set (Table 11) will not give us answers, to question, if these financial resources were invested cost-effectively.

3. Analysis of the main obstacles experienced in the use of Structural Funds (SFs) in the health sector during the current period 2007-2013

3.1 Methodology

To analyse the main obstacles I conducted a specialized survey among Applicants for Non-recurring Financial Contribution (Grant) from the Structural Funds Allocated for Healthcare.

The survey was carried out in the time period between 8.7.2009 and 24.8.2009. The data presented in this analysis was collected using the method of survey inquiry, via standardized questionnaire survey forms.

The aim of this survey was to investigate the opinions of applicants for the non-recurring financial contribution (grant) from structural funds assigned for healthcare. The subject of inquiry was:

1. the preparation procedure of the projects,
2. the satisfaction with the support from the Ministry of Health and the Higher Territorial Units
3. the satisfaction with the evaluation process of the projects
4. the obstacles and problems

The questionnaires, accompanied by a letter, were sent to the applicants for the grants, who participated in the calls 1.1, 2.1 and 1.2 within the framework of the Operational Program Healthcare for the year 2008. The total number of 53 survey forms were sent out, 32 completed forms returned. 21 applicants decided not to fill out the questionnaire due to different reasons (lack of interest, busyness).

A number of questions included in the survey utilize the Net Promoter Score tool (NPS). The NPS tool distinguishes two groups of participants. Included in the first group are the so called promoters, who indicated in the questionnaire the values 9 and 10. The second group consists of the so called detractors, who marked the values from 0 to 6. The values 7 and 8 are considered passive and they do not influence the final value of NPS. NPS is calculated as the difference between the total share of promoters in relation to the total number of respondents and the share of detractors in relation to the total number of respondents.

NPS is a very powerful tool for assessing the satisfaction of participants with given processes. NPS can reach values between -1.0 to +1.0. Here we consider every positive NPS score as success. Contrary, negative values, especially those lower than -0.5 we consider as very poor results.

Figure 3: Assignment of numerical NPS scores to verbal evaluation



3.2 Data

32 applicants for the grant participated in the survey, out of this 7 (21.9%) were specialized hospitals participating in the call for applications for the modernization of infrastructure in specialized hospitals (OPZ 2008/1.1/01), 10 (31.3%) establishments requested a contribution to the modernization process of general hospitals (OPZ 2008/2.1/01) and 15 (46.9%) institutions participated in the call for application for the reconstruction and modernization of infrastructure concerning ambulatory care (OPZ 2008/1.2/01). Projects of 8 respondents were supported; however 24 respondents were unsuccessful in applying for the contribution.

Table 18: Division of respondents according to characteristics

Total Number of respondents	32	100.0%
Call for applications		
OPZ 2008/1.1/01	7	21.9%
OPZ 2008/2.1/01	15	46.9%
OPZ 2008/1.2/01	10	31.3%
Project granted		
Yes	8	25.0%
No	24	75.0%

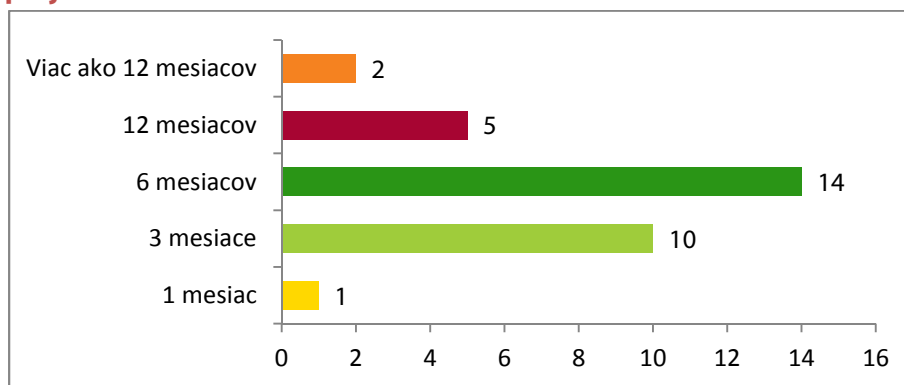
3.3 Results from questionnaire analysis

3.3.1 Part 1: Preparation of the projects

Question 1.1: How long did it take you to develop the whole project including the time spent on arranging the project documentation?

14 respondents (44%) devoted to the elaboration of the whole project including the project documentation up to 6 months, 10 (31%) worked on the preparation for approximately 3 months, while 5 (16%) allocated up to 12 month for the preparation and two respondents (6%) indicated that it took them more than 12 month to finalize the project. Only 1 respondent indicated that the preparation took him 1 month.

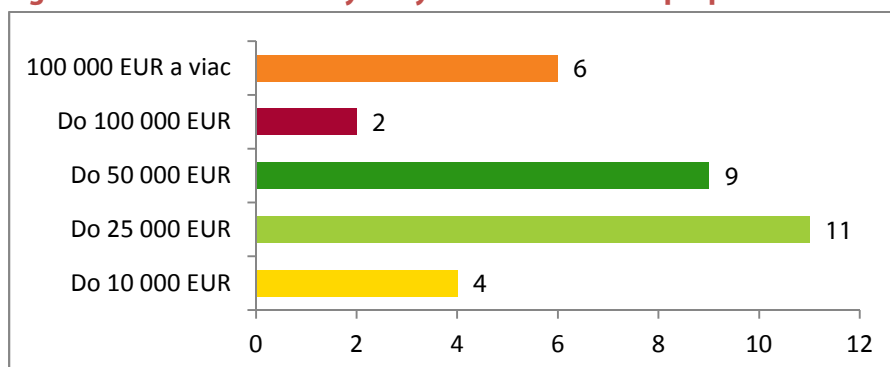
Figure 4: How long did it take you to develop the whole project including the time spent on project documentation?



Question 1.2.: How much money did you invest into the preparation of the entire project?

11 (34%) out of the inquired entities invested to the development of the project up to 25 000 EUR, 9 respondents (28%) indicated that the expenses related to the project reached up to 50 000 EUR. 2 (6%) respondents invested up to 100 000 EUR and 6 (19%) have exceeded the margin of 100 000 EUR. 4 respondents spent up to 10 000 EUR.

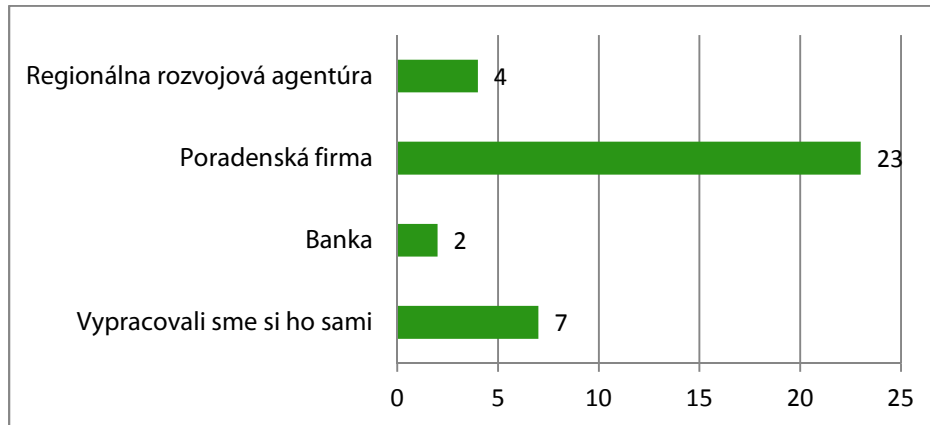
Figure 5: How much money did you invest into the preparation of the entire project?



Question 1.3.: Who assisted you with the development of the project?

23 respondents (72%) utilized the help of a consultancy while developing the project, 7 (22%) applicants prepared the project by themselves, 4 (13%) made use of the assistance of a Regional Development Agency and 2 (6%) respondents cooperated with a bank.

Figure 6: Who assisted you with the development of the project?

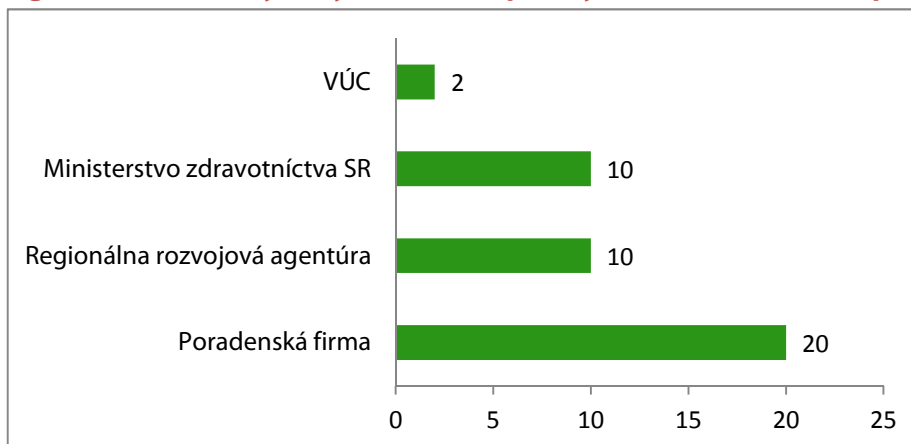


Source: Multiple answers possible

Question 1.4: What entity did you most frequently consult while developing the project?

In two thirds of the cases (63%) the respondents turned with their inquiries most frequently to a consultancy company, in 31% relied most often on a Regional Development Agency and the same number of individuals indicated, that they consulted the Ministry of Health of Slovak Republic. 2 respondents (6%) most frequently checked with the one of the Higher Territorial Units.

Figure 7: What entity did you most frequently consult while developing the project?

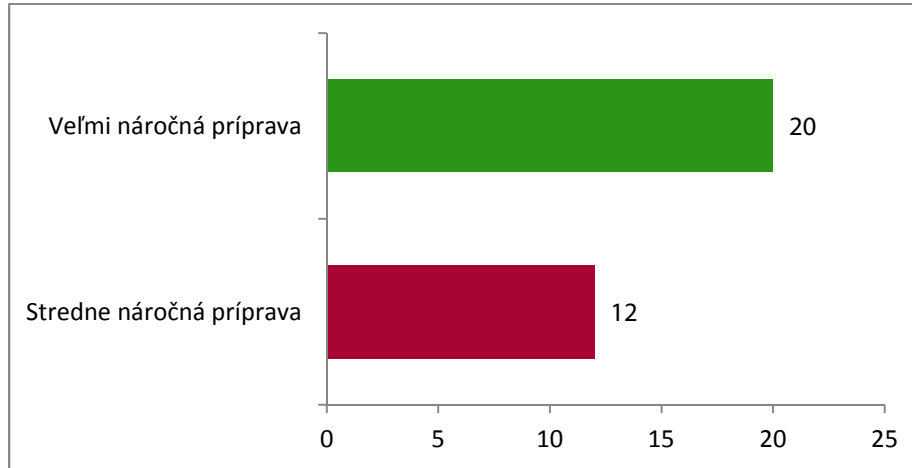


Note: The sum may exceed the number of respondents, while they consulted more sources

Question 1.5: How do you perceive the preparation of the project?

20 respondents (63%) perceive the preparation of the project as very challenging and 12 (37%) indicated that the preparation process was as of medium difficulty.

Figure 8: Indicating the level of difficulty experienced during project preparation



Question 1.6: How would your project contribute to the improvement of the population’s health conditions in the given region?

For this question, the respondents were supposed to indicate on the scale from 0 to 10 the contribution of the project to the improvement of the population’s health conditions. The NPS – Net Promoter Score was used for the analysis of the results. The final value of NPS (+0.55) showed that the applicants evaluate the contribution of the project very positively and the execution of the project would in their opinion significantly contribute to the improvement of the population’s health condition in the region.

Question 1.7: In which areas do you see the greatest contribution of your project?

The opinions of 31 respondents are listed in Table 18. One did not answer.

Table 19: In which areas do you see the greatest contribution of your project?

Answers
In the quality improvement of the specialized ambulatory care focused on the illnesses in group 5, in the establishment of an onco-immunologic station with complex service for patients. In shortening the waiting periods for medical examination and for one-day outpatient surgeries.
Improving the conditions of providing healthcare services by the means of reconstruction and modernization of the facilities
Providing patients with an improved environment
As the finance contribution was not granted, this project was non-profitable investment for our institution.
In the improvement of healthcare, in utilizing the unused facilities for health service, in improvement of the technical equipment of ambulances, which provide health service.

Elimination of shortcomings in hygiene and increase of the standard of treatment.
Upgrading the conditions of providing healthcare services for the population in the region
Finalization of the technical solutions and construction of the hospital
Full-scale diagnostics, preventive care and treatment
Reconstruction and modernization of the health service center
A full-scale equipment upgrade of the institutional health service unit
Evaluation of the building with regard to energy saving, improvement of the accessibility of the institution for immobile citizens, increasing the quality of healthcare by modernization of technical infrastructure, broadening the possibility of healthcare services
Improvement of healthcare services
Decreasing the amount of energy used on the buildings – as a starting point of economic outcome. Technical improvements of medical units for fast and precise diagnostics. Eliminate the managerial workload from doctors and nurses, create a hospital information system and devote time for communication with patients.
Energy saving, insulation of the buildings, effective use of the operation unit. Adjustment, modernization of the equipment and technology, new operation rooms
Improvement of the comfort of patients as well as the diagnostics
In overall improvement of the quality of providing healthcare service
Improvement of the hospital's infrastructure and conditions for providing health services
Improved quality of service, decrease the energy use
Improving the conditions of providing healthcare for patients with unspecific illnesses of the respiratory tract
The unit providing healthcare in the village would be kept, as currently it is in catastrophic condition. The static of the building is absolutely infringed. The spare spaces would be renovated (as well as created) for new specialized doctors.
Complexity of solutions
Economization and increasing comfort of providing health services
The project focuses on wider public and its aim is to increase the quality of healthcare in the town and at the same time it tries to prevent different illnesses
Increase the quality of healthcare
Improving the accessibility of invasive treatment of patients
Accessibility of those diagnostics, for which patients would have to travel to faraway hospitals
Implementation of new first-rate technologies in diagnostics
Improving the quality of services provided for the patients
Implementing modern exact diagnostics, shortening of the waiting periods for treatment, broadening the spectrum of diagnostics
Accessibility of healthcare, concentration of healthcare services in one location, building up sequence in stages of healthcare services

Question 1.8: Which target group would in the greatest extent benefit from your project?

30 applicants answered this question, 2 did not express their opinion. 20 respondents specified the group of patients, who would the most benefit from the project (Table 19) and 10 respondents indicated that the project would be beneficial for patients of all age groups treated in the particular institution.

Table 20: Which target group would in the greatest extent benefit from your project?

Answers
For oncologic patients, asthmatics and immune deficient individuals
For patients in the "group 5"
Psychiatric patients
For children from 0-18 + 365 days – years
For the whole Hospital with Polyclinic Unit as beneficiary, for all the patients of the hospital
For patients of all surgical categories – general, plastic, vascular and neurosurgery, foremost for heavily affected patients – around 40 %, as well as to ensure assisted motions – around 30%
Oncology illnesses group 5, intensive care /emergency room + operation rooms/, upgrading of gynecologic and obstetric services, improvement of sanitary facilities – modernization of sanitary facilities
Acute Healthcare
40 – 50 years old
For patients with acute illness in group 5
The internal care unit, from the perspective of finalizing the medical equipment, where the number of hospitalized patients represents 30 % out of all hospitalizations.
For Patients in the regions of Tvrdošín and Námestovo, approximately 64500 citizens with the priority for group 5
Child age category
Patients with unspecific illnesses of the respiratory tract – high morbidity, increasing trends in morbidity
Patients with illnesses of the respiratory tract and patients with malignant neoplastic diseases
Patients with vascular difficulties, one-day surgery, urological patients, ORL
For patients with defects of cordial arteries
Patients with oncologic and cardiovascular diagnoses
Cardiovascular and oncologic illnesses
Cardiovascular illnesses, oncologic illnesses, illnesses of the digestion tract, neurological illnesses

Question 1.9: To what extent does your project match the population’s healthcare needs in your region?

According to the respondents the project do match the healthcare needs of the population in the given region (NPS = +0.63).

3.3.2 Part 2: Support from Ministry of Health / Higher Territorial Unit

The applicants evaluated the support received from the Ministry of Health as poor (NPS = - 0.66), the respondents did not perceive the activities of the Ministry of Health as particularly helpful in the preparation of the project (NPS = -0.67), further on the respondent also negatively evaluated the people working with structural funds at the Ministry of Health (NPS = -0.52) and many respondents heavily commented on the quality of information about the structural funds on the website of the Ministry of Health (NPS = -0.41). 6 respondents could not evaluate the support from the Higher Territorial Unit (VUC in Slovak), while others mostly assessed this support as negative (NPS = -0.42).

Table 21: NPS Values for evaluating the Ministry of Health and Higher Territorial Unit

Question		NPS	Comment
2.1	How do you perceive the support of the Ministry of Health for your project?	-0.66	Poor
2.2	How did the activities of the Ministry of Health (seminars and conferences) help in the development process of your project?	-0.67	Poor
2.3	How would you evaluate the staff working with structural funds at the Ministry of Health?	-0.52	Poor
2.4	How would you evaluate the quality of information about structural funds on the website of the Ministry of Health?	-0.41	Fair
2.5	How would you evaluate the support from Higher Territorial Unit for your project?	-0.42	Fair

3.3.3 Part 3: The Evaluation Process of the projects

The majority of respondents consider the evaluation process of the project as non-objective (NPS = -0.53) and non-transparent (NPS = -0.52).

Table 22: NPS values for objectivity and transparency

Question		NPS	Comment
3.1	How would you evaluate the objectivity of the project assessment process?	-0.53	Poor
3.2	How would you evaluate the transparency of the project assessment process?	-0.52	Poor

Question 3.3: Was your project supported?

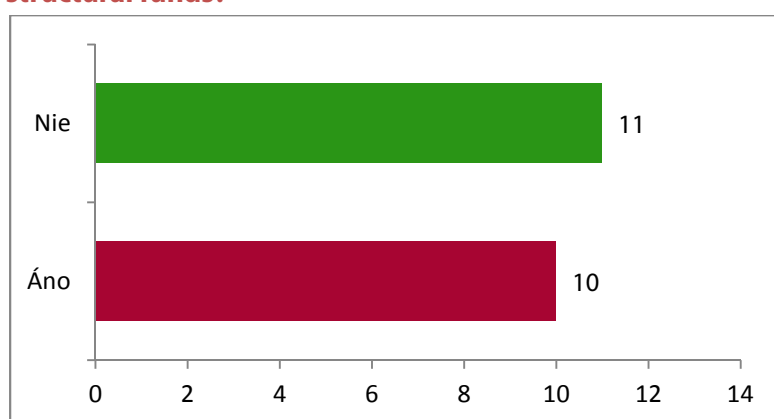
Out of the total number of 32 projects engaged in this survey, 24 respondents were not supported and 8 applicants were successful in the application process.

Those who indicated “yes” were asked to continue with questions 3.7 and 3.8. Those who indicated “no”, were asked to continue with questions 3.4, 3.5 and 3.6

Question 3.4: Will you carry out the project, even though it was not granted support from the structural funds?

21 applicants answered this question, out of this 10 (48%) indicated that they will carry out the project, even though it did not win the support and 11 (52 %) decided not to carry out the project.

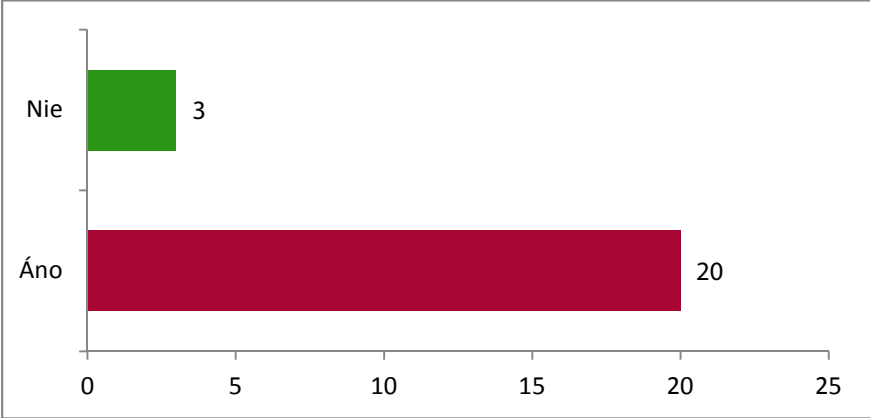
Figure 9: Will you carry out the project, even though it was not granted support from the structural funds?



Question 3.5: Do you perceive the fact of not obtaining the grant as a competitive disadvantage?

23 respondents answered this question, 20 (87%) indeed perceive the fact of not obtaining the grant as a competitive disadvantage, 3 (13%) do not think so.

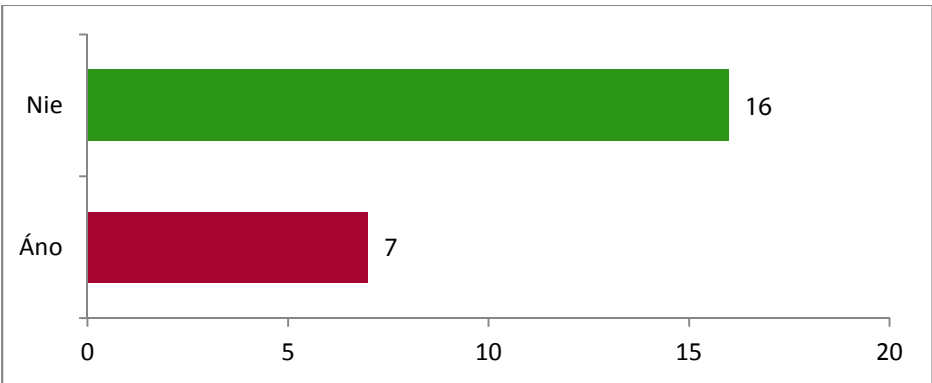
Figure 10: Do you perceive the fact of not obtaining the grant as a competitive disadvantage?



Question 3.6: Do you think that the banks would be willing to finance your project, even though it was not supported from the structural funds?

This question was answered by 23 respondents, 16 (70%) do not think, that the banks would be willing to finance a project not supported from structural funds, 7 (30%) anticipate the willingness of banks to support the project.

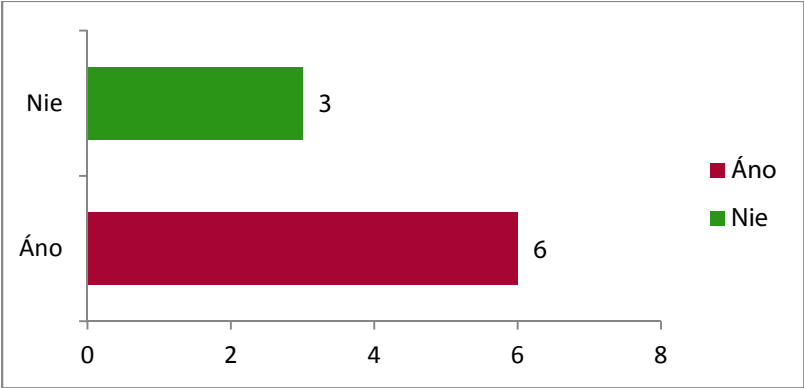
Figure 11: Do you think that the banks would be willing to finance your project, even though it was not supported from the structural funds?



Question 3.7: Do you cooperate with a bank on a joint financing of your project?

The question was answered by 9 respondents, out of which 6 (67%) cooperate with a bank on a joint financing of the project, 3 (33%) indicated, that they do not cooperate with a bank.

Figure 12: Do you cooperate with a bank on a joint financing of your project?

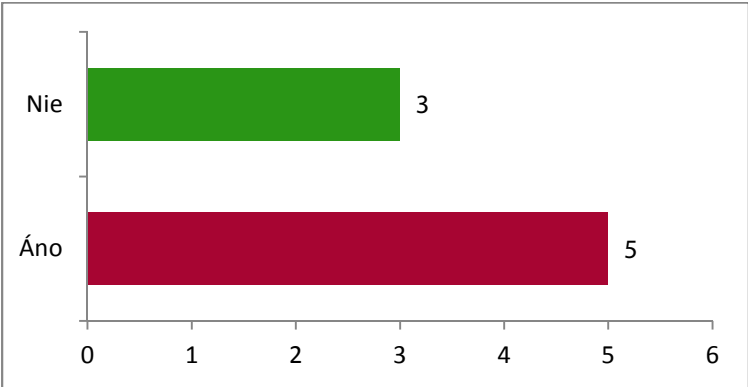


Note: only financially supported projects

Question 3.8: Will you make use of the possibility of advanced financing for your project?

8 respondents answered the question, 5 (62 %) will use the possibility of advanced financing for their projects.

Figure 13: Will you make use of the possibility of advanced financing for your project



Note: only financially supported projects

3.3.4 Part 4: Obstacles and difficulties

Question 4.1: Try to name the greatest difficulties you experienced during the project preparation?

23 respondents answered the question. The summary of the responses is listed in Table 22.

Table 23: Greatest difficulties

Answers
Absence of updated statistical markers of morbidity, ambulant care units, different analysis and trends about the healthcare conditions of the population
Imprecise definition of the complex project
Complex administrative paperwork
Correct setting of measurable markers and indicators. Financial analysis
Complexity of the process and financial complexity
Indication of priorities with regard to the amount of assigned grants
Complicated process
Financing of the preparation of the project and a consequent rejection of the project
Pointless investment of effort without outcome
Lack of experience with preparation of such projects. A lot of unnecessary useless materials
Almost none
Elaboration of documents FA and KRP
Holdups in the project documentation
Administratively challenging statements with little renunciation capacity
Time-consuming and financially challenging preparation of the construction documentation and the construction permit
Budget of the construction part of the project – on the base of the call for applications it is necessary to put forward a budget for construction as well as a complete one, in an entirely different format than provided by the building fiscalists working according to their own obligatory regulations
Time pressure, financing of the projects, administrative complexity, unclear criteria
Complex administration, high number of confirmations and attachments, time pressure due to the deadline of the call for applications
Acquiring some of the confirmations and attachments was quite difficult – especially those ones, which are in our opinion useless. Too complex and unnecessary administration also complicated the project work
Development of a complex restructuring program
Communication
Complexity of the formal matters, unclearly formulated condition and parameters, inconvenient setting of conditions of public procurement, bureaucracy
Time pressure, too much administration, unclear selection criteria

Question 4.2: Assess the aforementioned problems according to their relevance for the preparation process of your project

Among the greatest difficulties in the preparation process of the project was the lack of help, support and cooperation from the MOH/HTU (NPS = -0.76; NPS = -0.70) and lack of staff for the development of the project (NPS = -0.70). Unclear regulations for obtaining the structural funds, complexity of the process and demanding financial design of the project were considered as a smaller problem.

Table 24: Values of NPS for the relevance of the difficulties experienced in the preparation process

Problem	NPS	Comment
Lack of help, support and cooperation from the Ministry of Health	-0.76	Poor
Lack of staff for the development of the project	-0.74	Poor
Insufficient help, support and cooperation from the Higher Territorial Unit	-0.70	Poor
Unclear regulation for obtaining the structural funds	-0.37	Fair
Complexity of the process	-0.30	Fair
Financial demand of the preparation process	-0.07	Fair

Question 4.3: If you could decide again, would you yet again start the project?

32 respondents answered this question, out of this 29 (91%) would yet again decide to develop a project, 3 (9%) of the respondents would disregard another project preparation.

Space for comments and complements

The respondents had the possibility to express their comments and complement their opinion. 4 respondents took this opportunity. Their commentary is listed in Table 24.

Table 25: Comments and complements

Answers
Projects, which focused on diagnostic-treatment activities using equipment for the most wide age population, were preferred. Taking into consideration the great number of applicants and a small package of EU-funds, investments into reconstruction of old buildings are a waste of money and in the same way the minimum transparency with which the healthcare for patients would be increased.
A greater number of small projects should be supported with strictly defined aim of using the EU-funds in the greatest number of regions in Slovakia.
And yet again the history repeats itself, the political power won over the professionalism, quality and interest of improving the level of providing healthcare for the widest spectrum of patients.
The rules in our healthcare are very "clear". We think, that it is useless to do something if it is clear

prior to the decision, who will get it – it is a waste of work.

The operational program healthcare seems to us as strongly motivating program for the improvement of the conditions of providing healthcare services via the reconstruction and modernization of the infrastructure

We would yet again decide to initiate a project, if there would be an assurance of transparency and objectivity

Additional questions raised by Viera Volosinova on 10/11/2009

(Answers were given on 11/11/2009)

1. How in your opinion the money from SF could be spent better on health?

Structural funds are only a fraction of the health care budget for years 2007 – 2013 and their presence cannot compensate the major decline in sources of financing due to economic crisis. On the other hand, structural funds represent a politically attractive, but very selective tool of financing. According to applicants, their evaluation is non-objective and non-transparent. Above this, there is a reasonable doubt, that the predefined indicators can not measure the real impact of structural funds on the health status of the population, which is stated as the main objective of their use.

To increase the efficiency of structural funds, we propose:

1. Reprioritize the priority axis and use universal tools with widespread impact and use the Donabedian approach (structure – process – outcome):
 - a. support **building of emergency tunnels** in hospitals to improve the survival chain, that begins with high quality emergency services (average intervention time is 11 minutes) and is slowed down in hospitals by missing emergency tunnels (structure orientation)
 - b. increase efficiency by **better coordination of care** between ambulatory, secondary and tertiary care providers (process orientation)
 - c. implement **accreditation standards** to improve process quality of health care (process orientation)
 - d. implement **DRG** as payment mechanism (production orientation)
 - e. decrease regional health gaps by **implementing clinical protocols** (outcome orientation)
2. There is also an option to **open the National Strategic Plan** to invest the money not in healthcare directly, but indirectly, by prioritizing the projects, that are boosting the real economy (e.g. highways). A functioning economy after the crisis may create more money for healthcare than the whole structural funds. The argument for stopping structural funds in healthcare and invest them in other sector is important also from the point, that according to applicants the structural funds are creating an unfair competition for other projects in the region, which do not have SF funding. Not speaking about crowding out effect of bank loans, or private investments, that have more complicated access to market, if the capital is used from structural funds.

2. What implementation process you would recommend, what recommendations you would draw from the survey results?

Findings:

1. The applicants evaluated the support received from the Ministry of Health as **poor**.
2. The applicants **did not perceive** the activities of the Ministry of Health as **particularly helpful** in the preparation of the project.
3. The applicants also **negatively evaluated the people working with structural funds** at the Ministry of Health.
4. The applicants **negatively commented on the quality** of information about the structural funds on the **website** of the Ministry of Health.
5. The applicants evaluated the support from the Higher Territorial Unit (VUC in Slovak) as **negative**.
6. The majority of applicants consider the evaluation process of the project as **non-objective** and **non-transparent**.
7. Among the greatest difficulties in the preparation process of the projects **was the lack of help, support and cooperation from the MOH/HTU** and lack of staff for the development of the projects. **Unclear regulations for obtaining the structural funds, complexity of the process** and demanding financial design of the project were considered as a smaller problem.

Recommendations:

1. **Higher transparency and objectivity** in the evaluation process.
2. **Increase the knowledge and capacities** of MOH/HTU in helping the applicants with project proposals.
3. **Define the criteria/regulations for obtaining SF** more clearly.
4. **Less bureaucracy**.

3. If possible to know what other sources are used for investment in health, what percentage of overall investment in health the SF represents?

The total amount of SF in the period 2007 – 2013 is EUR 250 million. According to Statistical Office, the total annual amount of grossed fixed investments is EUR 253 million (we assume, that this sum is without SF, since no drawing was made in 2007 and in 2008). We have to bear in mind that this sum is both for health and social sector so it is hard to isolate solely the health sector investments. If we can assume, that the half of the money goes to health care, than we have approx EUR 126 million for health care annually, which calculated for 6 years means EUR 756 million. Finally, structural funds can be approximately **¼ of the total sum invested in health care sector** (250 / (756+250)).

Table 26: Gross fixed investments in health care and social care, EUR million* in current prices

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Grossed fixed investments in health care and social	81	164	184	136	166	154	147	240	253

care in EUR million									
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Source: Statistical Office of the Slovak Republic, ESA 95 methodology, according to quarterly national accounts

* SKK/EUR = 30,126 conversion exchange rate was used for calculations

4. If available already, main objectives, main results and achievements of the projects selected and how would you evaluate the use of OP Education in the field of health?

The projects were approved only in this year and until 30/06/2009 there was no drawing of the financial sources from SF. Therefore there is no data to evaluate the main results and main achievements. And also as stated in part 2.1 of this report, the evaluation will be very complicated since the set of indicators do not measure outcomes, but rather structure and processes. Meanwhile, improving the health status of population was the main strategic objective for using SF.

Unfortunately, I do not have any relevant data to evaluate the OP Education.