

PROGRAMME EVALUATION  
INTEGRATED TERRITORIAL INVESTMENTS (ITI)  
EUROPEAN GROUPING ON TERRITORIAL COOPERATION (EGTC)

THEMATIC REPORT  
ON THE CROSS-BORDER COOPERATION  
BETWEEN ITALY AND SLOVENIA  
ITI AND EGCT-GO



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# INTEGRATED TERRITORIAL INVESTMENT

## METHODOLOGICAL APPROACH AND QUESTIONS TO BE ANSWERED

### a) Evaluation Design and Methodology

The methodology for the drafting of this Report has foreseen:

- a review of existing publications on the economy and context of the region;
- a review of project documentation;
- stakeholders interviews on the basis of the provided list of contacts agreed by the Working Group;
- survey of sampled beneficiaries,
- more detailed follow-up interviews for extra information for some of the sampled beneficiaries;
- analysis and upgrade of previous findings of the First and Second Evaluation Reports;

The first release of this Report was delivered to the WG on March 2<sup>nd</sup>, the second release was delivered to the WG on May 12<sup>th</sup> and the final draft is expected by May 31<sup>st</sup>.

### b) The consideration of findings from the previous two Reports

With regard to the past regular Evaluation Report on Programme Implementation, there were still open questions that needed to be answered, namely: if the IB governance of an ITI carried out by a EGTC is an effective management tool in the Cooperation Programme filling up also the linguistic gaps that could affect the results of joint activities? In order to further detail the questions still open, we deepened our analysis via the chapters of the Report and a series of sub-questions as represented below.

### c) More details: More detailed questions for the Thematic Report

According to the Methodological note, a set of coherent, more detailed questions has been defined in order to better meet the requests by the Programme Working Group expressed following the first and second draft versions of this Report.

#### **Effectiveness**

- To what extent were the project goals achieved?

#### **Efficiency**

- To what extent were the results achieved with the most efficient costs?
- Are there alternative project models that could achieve similar or better results in a more efficient fashion?

#### **Coverage**

- To what extent did the project reach populations in the region?
- Have all beneficiaries been given adequate opportunity to access project activities?

- Have both territories in two different countries (on both sides of the border) in the territory of the three Municipalities been given adequate access to project activities?

### **Relevance**

- To what extent were the project objectives consistent with beneficiaries' needs?
- To what extent is the project still relevant according to the current context in the territory of the three Municipalities?

### **Sustainability**

- To what extent are the benefits likely to continue after funding ends?
- To what extent is EGTC-GO/sole beneficiary able to carry on the project without funds?
- To what extent is EGTC-GO/sole beneficiary able to keep a high standard of program quality without the Interreg VA Italy-Slovenia direct daily participation?

Listed questions are represented by the graph below.

Graphic representation of the questions

**THEMATIC REPORT ON THE CROSS-BORDER COOPERATION BETWEEN ITALY AND SLOVENIA - ITI AND EGCT-GO**

Criterion	EFFECTIVENESS	EFFICIENCY	COVERAGE	RELEVANCE	SUSTAINABILITY
QUESTIONS	To what extent were the <u>project objectives</u> achieved?	To what extent were the <u>results achieved with the most efficient costs</u> ?	To what extent did the project <u>reach populations</u> in the region?	To what extent did the project reach populations in the region?	To what extent are the benefits likely to continue after funding ends?
	Alternative <u>project models</u> that could achieve similar or better results in a more efficient fashion?	Were <u>all beneficiaries</u> given <u>adequate opportunity</u> to access project activities?	Were all beneficiaries given adequate opportunity to access project activities?	To what extent is EGTC-GO/sole beneficiary able to continue with the project without funds?	
	Were both territories in the 2 diff. countries given <u>adequate access</u> to project activities?	Were both territories in the 2 different countries given adequate access to project activities?	To what extent is EGTC-GO/sole beneficiary able to keep a high standard of quality without the same funds?		



## INTRODUCTION: INTEGRATED TERRITORIAL INVESTMENT (ITI)

The Integrated Territorial Investment is a tool designed to implement territorial strategies in an integrated way. ITI allows to draw on funding from several priority axes of one or more Operational Programmes. The main objective of this tool is to ensure the implementation of a long-term strategy in order to cope with social and economic challenges for a specific territory.

In 2014, the representatives of the EGTC GO, attending the task force of the Interreg V Italy-Slovenia 2014-2020 Programme proposed to combine the tools of the EGTC and the ITI, by offering the possibility to translate the strategies into actions and going beyond administrative borders.

In December 2015, the European Commission specifically recognized the Integrated Territorial Investment for the development of the cross-border territory of Gorizia, Nova Gorica and Šempeter-Vrtojba, with a total grant of 10.000.000 Euro (85% provided by the ERDF and 15% by national funding).

The EGTC GO was assigned the role of intermediate authority with the responsibility to implement the ITI in the territory of the three municipalities. The EGTC GO was assigned the authority to intervene on the territory of both states to implement common projects.<sup>1</sup>

The objective of this thematic report is to establish to which extent the IB governance of an ITI carried out by an EGTC is an effective management tool in the Cooperation Programme. Several aspects related to this main question are treated in the single chapters: the analysis of the place-based approach, the administrative urban areas and functional urban areas, boosting participatory local development, implementing pilot actions, developing and implementing EU funded projects and many more. In order to maintain the fluidity of the text, maps and figures have been added in a separate Annex, at the end of the report.

### 1. Analysis of the place-based territorial approach

The premise below, related to the place-based approach endorsed by the European Commission (Barca, 2009) underlines economic and social aspects are fundamentally embedded in place, and as such are subject to local economic, social, cultural and institutional contexts.<sup>2</sup>

Being the three municipalities of Gorizia, Nova Gorica and Šempeter-Vrtojba a homogeneous urban area, the cooperation intensified in the last 15 years, with several common European cross-border cooperation projects.

The area could be defined as a common cross-border urban area, drawing on the lessons learnt from the common projects, a EGTC (European Group for Territorial Cooperation) has

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<sup>1</sup><https://euro-go.eu/en/programmi-e-progetti/progetti-iti/>

<sup>2</sup>Source: Barca Report/ The Union and Cohesion Policy – Thoughts for Tomorrow, November 2009 (available on [https://ec.europa.eu/regional\\_policy/archive/policy/future/barca\\_en.htm](https://ec.europa.eu/regional_policy/archive/policy/future/barca_en.htm)) ; more info on Place-based approach on <https://www.cairn.info/revue-l-information-geographique-2015-1-page-72.htm#>



been established in 2011. The EGTC, considered one of the most advanced form of cross-border territorial cooperation, shares goals related to common management and modernization in health, environment and infrastructural sector, urban transport, logistics, energy and economic development initiatives. These were initial topics to be tackled, out of which two specific projects were further developed as Integrated Territorial Investment (ITI projects).

## 2. From Administrative to Functional Areas

ITI projects were designed as interventions tailored to the area of the three municipalities. They adopt a place-based approach but they are not a FUA, according to the OECD methodology a FUA is a bigger urban area attracting residents and commuters for work purposes. The closest examples of FUA in the Programme area, in line with the OECD methodology, are the cities of Padova and Venice in Italy, Ljubljana in Slovenia.

By including the two priority projects into the programme, the Interreg Programme Italy-Slovenia 2014-2020 recognised the relevance of joint structure EGTC GO and its joint vision of three pillars.<sup>3</sup> The identified urban functional area has great potentials for developing urban cross-border public services. ITI projects were designed as efficient interventions tailored to the specificities of the Goriška functional territory, promoting place-based approach for the benefit of its citizens.

This approach has been recently discussed also by INTERACT Programme in the framework of the topic “Bringing territoriality into Interreg” where the two notions of “cross-border functional areas” and of “territorial scales” have been discussed. Since this is an issue that is linked mainly with the programming of the new Interreg Italy-Slovenia cross-border cooperation programme for the next Programming period, it will not be analyzed further in this thematic report and reported in Annex 9.4..

## 3. Valorization of the participatory local development – basis for common pilot projects

The framework of the EU general guidelines, as well as the main regulatory references, identify specific forms of valorisation of territorial development. A participative governance model is one of them.

Article 36 of EU Regulation 1303/2013 identifies Integrated territorial investment as an effective tool of territorial development: “Where an urban development strategy or other territorial strategy, or a territorial pact referred to in Article 12(1) of the ESF Regulation, requires an integrated approach involving investments from the ESF, ERDF or Cohesion Fund

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<sup>3</sup>See chapter 4.3 of the Interreg Italy-Slovenia Operational Programme.

under more than one priority axis of one or more operational programmes, actions may be carried out as an integrated territorial investment (an 'ITI')”.

The Cooperation Programme therefore consistently adopts the ITI tool for the implementation of its local development strategies, also leveraging on a series of previous experiences in the specific ITI activation area, such as the EGTC. The Programme strategy envisages the existence of territorial development patterns closely linked to the characteristics of the socio-economical but also political context in the cooperation area.

Specifically, an ITI has been adopted in an area -including the municipalities of Gorizia, Nova Gorica and Šempeter-Vrtojba- whose development model has been based on the presence of a shared border that during its existence has changed its impact on a common local development. In this perspective, an ITI aims at valorizing a participative local development, hinging on several reference variables (exchange of information, experiences and practices, common approaches to tackle common problems, development of cross border services and infrastructures), all fully recognised by the Cooperation Programme strategy.

Firstly, the European integration (the Slovene accession to the EU, the adoption of the Schengen Treaty) has increased the opportunities of a stronger “border based” economy.

Furthermore, the current economic contingencies, with regard to local services and infrastructures, require shared management to tackle the reduction of resources and investments.

Last, but not least, the ITI approach valorizes the previous experiences and efforts where the three municipalities of Gorizia, Nova Gorica and Šempeter-Vrtojba set up in February 2011 a European Grouping of Territorial Cooperation (GECT GO/EZTS GO), in charge of the implementation of joint strategies.

According to the Cooperation Programme and its strategic analysis, there are numerous features supporting the choice to enhance the EGTC within the ITI framework:

- the GECT GO/EZTS GO is acknowledged as the most advanced form of cross-border territorial cooperation unfolding its potentials by supporting joint management and modernization in health, environment and infrastructural sector, urban transport, logistics, energy and economic development initiatives;
- the pool of pilot actions proposed in the GECT GO/EZTS GO development strategy have been recognized (please refer to section 3.3 about stakeholders engagement) by the stakeholders of the target area as the most appropriate to tackle the needs and challenges as identified in the Programme;
- the involvement of the decision making level at an early stage (presentation and endorsement of the GECT GO/EZTS GO strategic Plan to Friuli Venezia Giulia Autonomous Region President and Republic of Slovenia President on December 6th 2013 - Joint Declaration signed by Italian and Slovenian Government on May 27th) ensures the sustainability of the outcomes of the ITI;
- there is a clear link between the proposed pilot actions and a number of strategic operations of the past Italy–Slovenia programming period 2007–2013, whose

achievements have demonstrated to be successful and worth to be capitalized for furthering impacts (some examples are presented in section 6.2.1 of this Report);

- the results achieved will unfold their impacts beyond the target area as the outputs of the actions are envisaged as replicable in other parts of the Programme area;
- the capitalization of the experiences and outcomes of previous Italy–Slovenia Programmes ensures highest efficiency and effectiveness of public investments;
- the revitalization of the “border based” economy while supporting its reconversion by use of identified strengths and assets;
- the improvement of the quality of life of residents of the area by fostering the use of joint cross border services (for more information see in section 6.5, in the description of the Healthcare working groups).

Therefore, if the EGTC governance model adopted (see in detail Section 5) and the ITI tool used have all the characteristics to be considered elements of valorization of the participative local development, the participatory local development must be analyzed in concrete terms of actions planned and implemented in the territory.

In this perspective, the two pilot actions “Health” and “Isonzo/Soča”, which have been implemented so far and widely discussed in following Section 6, have to be assessed. For the purposes of this analysis it is interesting to assess a quantitative aspect first, i.e. the extent of the involvement of the territory, in terms of the number and relevance of the actors and communities involved (ref. to Sections 3.1., 3.2., 3.3). A different topic will be the evaluation of the qualitative aspect regarding the capacity of the governance model to involve local actors in such a way as to build the basis for medium and long-term cooperative dynamics (ref. to Section 4).

### 3.1 Introductory considerations on the project “Health”

The project “Health” aims at building a network of cross-border health services through the establishment of cross-border joint medical equipments in the medical fields of mental health, autism and physiological pregnancy as well as the experimental creation of a Single Booking Center shared by the Italian and Slovenian health services. In order to envisage an integration with the social assistance sector, the project dedicates an action to cross-border services and interventions for the social inclusion of the disadvantaged people, as well.

Project implementation is supported by a task force made up of 4 implementing bodies: Azienda per l'Assistenza Sanitaria n. 2 “Bassa Friulana-Isontina”, Splošna bolnišnica “Dr. Franca Derganca”, Zdravstveno dom of Nova Gorica and Psihiatrična bolnišnica Idrija. Those actors have identified in their organisations the staff responsible for setting up and managing the cross-border activities of the pilot action in accordance with the management structure of the EGTC GO and of the respective belonging bodies and competences. The project’s implementing bodies are the key actors for the programming and implementation of health policies and services in the area, covering the relevant competencies in the field. Furthermore, within the structures, the activities are followed by teams of medical experts based on the different specificities, thus involving a wider group of participants and consequently increasing the capacity of the project to include additional stakeholders of the territory and to have a wider participation in the communities.

### 3.2 Introductory considerations on the project “Isonzo/Soča”

The second project, “Isonzo/Soča” foresees the creation of a common cross-border network of cycle and pedestrian paths, which will form a cross-border urban park to increase the attractiveness of the area for visitors and tourists and to improve the sustainable mobility of the resident population.

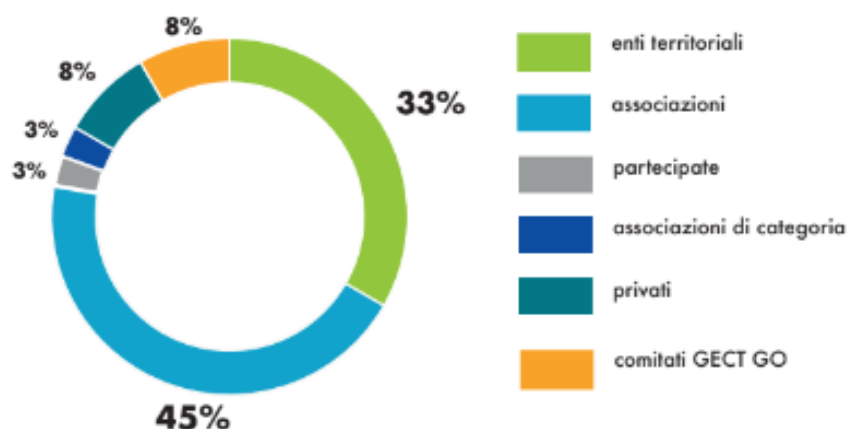
The project implementation is supported by a task force made up of staff belonging to the technical offices of the three Municipalities of Nova Gorica, Gorizia and Šempeter-Vrtojba. The task force acts as a link between the structure of the EGTC GO and the three Municipalities involved, in order to bring their technical skills in the decision-making process of the territory as well as to activate any specific professional skills within the administrations for the elaboration of the executive, detailed and legislative planning required. Therefore, also in this case, as for the project “Health”, the most relevant decision and policy makers have been engaged.

### 3.3 First considerations on Stakeholder engagement by EGCT at initial stage of ITI projects

Looking specifically at stakeholders engagement in the projects, it is here worth pointing out that to better understand the needs and problems of the territory, "opinion leaders" have been identified in cooperation with the EGCT among bodies operating in the EGTC GO area and stakeholders who have been asked to be interviewed. The objective of the interviews was to discuss and highlight problems and potentials of the territory. Among the 158 identified “opinion leaders”, 38 replied and 36 have expressed their willingness to be engaged in a participative process. The survey has been conducted through a questionnaire to request the identified stakeholders the interest in participating in working groups (maximum of two). Referring to concrete stakeholders skills, four issues were identified (environment, hospitality, accessibility and attractiveness) for a discussion and a deeper analysis.

This allowed to set up four thematic working groups on: environment, hospitality, accessibility and attractiveness. Within each WG a balanced representation according to nationality was guaranteed, as well as to the territory and local communities in their various components, as shown in the following Figure 1.

Figure 1: Typology of partners



*Translation in English and Slovene: Enterritoriali-territorial authorities/lokalne in regionalneskupnosti, Associazioni-associations/društva, partecipate-companies with public shareholders/komunalnapodjetja, private-private bodies/zasebniki, comitati GECT-GO-EGCT working groups/delovneskupine EZTS*

Both IT projects show a good degree of participation of the territory in conception and implementation of local development activities. The colours in the following four tables reflect the typology of partner as defined above in Figure 1.

Table 1: Hospitality Working Group

Tipologia	Ente rappresentato
	PromoTurismoFVG
	PromoTurismoFVG
	Circolo Pescatori Gorizia
	Društvo soška fronta 1915-1917
	Mestna občina Nova Gorica
	ProAktiv SPORT d.o.o. (Soča fun park)
	Membro del comitato sport del GECT GO
	Občina Šempeter-Vrtojba
	Zavod za turizem, kulturo, mladino in šport Brda

Table 2: Attractiveness Working Group

Tipologia	Ente rappresentato
	ISIG - Istituto di Sociologia Internazionale di Gorizia
	Associazione Culturale A.P.S. "Borgo Straccis"
	Associazione culturale "ISONZO" Gruppo di Ricerca Storica
	Comune di Gorizia
	Club per l'UNESCO di Gorizia
	FIAB - GorizianINbici
	Društvo soška fronta 1915-1917
	Kulturni dom Nova Gorica
	Krajevna skupnost Solkan

Table 3: Accessibility Working Group

Tipologia	Ente rappresentato
	Collio Bike Team ASD
	FIAB
	SDAG SpA
	A.S.D. "Scuola Ciclismo Senza Confini"
	Legambiente Gorizia
	Comune di Gorizia
	Associazione Ambientalista Eugenio Rosmann (pres)
	Kajakaški center Solkan
	ZTKMŠ Brda
	Coordinatore Comitato per la cultura e l'istruzione dell'assemblea del GECT GO

Table 4: Environment Working Group

Tipologia	Ente rappresentato
	Riserva naturale regionale foce dell'Isonzo
	Legambiente Circolo "I. Zanutto" di Monfalcone
	Legambiente Gorizia
	Legambiente Monfalcone Circolo "Ignazio Zanutto"
	Confindustria Venezia Giulia
	Club per l'UNESCO di Gorizia
	Comune di Gorizia - Servizio Protezione Civile
	Občina Šempeter-Vrtojba
	KS Solkan

#### 4. Capacity of networking

Networking capacity is fundamental to implement an effective participative local governance. In this sense, the creation of a sole beneficiary has proven useful for networking on local and regional level, on national level and on European level.

#### 4.1 Networking on local and regional level

The networking on local and regional level takes place regularly, firstly because the wide spectrum of local and regional actors works on commonly chosen topics, secondly because there are common infrastructural investments.

According to the outcomes of the questionnaire, the EGTC is very important for the networking on local and regional level, this was confirmed by several target groups such as the representatives of the Municipalities but also medical professionals, associations and others from economic sectors).

Several participants to the interviews have mentioned in their questionnaires that the EGTC-GO acted, in Slovenia, gathering actors on provincial level, as the provinces do not administratively exist and this was useful in terms of coordination. The EGTC coordination role was also mentioned within the common urban area of the three municipalities. In this sense also the projects implemented (mainly the project Cyclewalk and CB PUMP Solutions) were considered useful. For detailed information refer to Section 4.3.

Other comments related to local and regional networking, collected via the interviews, are described below.

The EGTC-GO both on the Slovenian and Italian side, is highly recognized and often included into project partnerships, studies, seminars.

There were a lot of delegations visiting the area of the three municipalities, the EGTC-GO hosted a number of delegations examining the operation model, good practices and challenges of such close institutional cooperation. On the other hand, the EGTC-GO representatives have participated in more than 10 national and international conferences, seminars, presenting both projects and the concept of EGTC and sole beneficiary.

EGTC GO and its projects have had visibility in local and regional media (especially in Italian media).

#### 4.2 Networking on national level

Networking on national level takes place when required by administrative and legislative competences. Ministries have been involved in the set-up of the EGTC and are involved in the implementation of the projects on single health-related topics (Ministries of Health and of Culture).

According to the outcomes of the questionnaire from all target groups, the EGTC is less important for the networking on national level. However, the national level was involved in the preparatory phase, as mentioned in the previous section, and also in the newly developed project activities (for example in mobility solutions, see the CB PUMP Solutions project in Section 4.3). The involvement of the competent Ministries (Ministry of Health and of Social affairs) was necessary also in the work of the groups focusing on medical conditions and social inclusion.

National level is widely involved on the Slovenian side, while on Italian side, decision-making processes for Healthcare and Social Affairs are delegated to the Friuli Venezia Giulia Region.

Other comments related to national networking, collected via the interviews, are described below.

The EGTC and sole beneficiary concept can be a really useful tool for overcoming administrative barriers in cross-border areas, for preparing and implementing shared ideas, projects and strategies.

### 4.3 Networking on European level

On European level, the capacity for networking has increased in recent years.

Interviews with stakeholders focused on the following list of projects.

Table 5: EGTC-GO projects

<b>EGTC projects</b>	
<b>APPROVED AND IMPLEMENTED PROJECTS</b>	<b>EUROPEAN PROGRAMME</b>
Cyclewalk	Interreg Europe
CB PUMPB Solutions	Ass. Of European Border Regions funds
Cross border e-procurement	Ass. Of European Border Regions funds
IVY	Youth -Volunteering
<b>PROJECTS SUBMITTED FOR EVALUATION OR IN PROJECT IDEA PHASE</b>	<b>EUROPEAN PROGRAMME</b>
European Cultural Capital 2025	Culture
4C GONG - Co-Creation of Community-Driven Cultural Corridors in GONG (Gorizia and Nova Gorica)	Urban Innovative Actions (UIA)

A synthetic description of the projects follows below.

#### a) CYCLEWALK PROJECT – INTERREG EUROPE

The project aimed at introducing quality criteria for proper walking and cycling infrastructure in the policy instruments and projects, through the following activities: study visits, awareness campaign, assessment of walking and cycling tours; technical working tables with stakeholders; training and full technical and scientific advice provided by the Urban Cycling Institute to technical offices, regional experts and universities.

The project was important because it encouraged walking, a sustainable way of mobility in urban areas<sup>4</sup>, in case of EGTC GO, in an crossborder urban area.

As project activities mainly included the training of technical staff of the municipalities and exchanges with partners from across Europe (the representatives of all three municipalities were involved), the EGTC has been the intermediary in this activities. This project has a close inter-relation with the infrastructure built on the river, in terms of promotion and dissemination of European best practices.

<sup>4</sup> <https://euro-go.eu/en/programmi-e-progetti/progetto-cyclewalk/>



### **b) CB PUMP PROJECT – Association of European Border Regions funds**

With regard to the need of cross-border public transport, this project deals with the impossibility for transport operators in one country to provide for pick-up points in the other country. Relevant regional and national administrations have been involved, along with transport operators.

The project “EGTC GO CB P.U.M.P.” intends to mobilize relevant actors at local, regional and national level in order to sign a cooperation agreement by means of art. 25 of the EC Regulation 1073/2009. Such an agreement, based on an analysis examining the traffic flows in the cross-border area and the financial viability of an extended cross-border transport service, shall enable the transport operators to set up new cross-border bus lines within the target area. It would also enable to conceive the border area of the three cities as a single urban system and, accordingly, to make a distinction between international commercial bus lines and cross-border bus-lines, more similar to local public bus transport service.<sup>5</sup>

### **c) Cross-border e-procurement - EGTC GO (IT-SI) with Association of European Border Regions funds**

Different transpositions of the Directive 2014/24/EU at national level in Italy and Slovenia have compelled the EGTC GO to publish its own procedures or in the Italian or in the Slovenian e-procurement platforms, providing access only to the economic operators of one or the other side of the border. This is hindering a fair competition among economic actors and service providers within the implementation of the two ITI projects, whose the EGTC is beneficiary and whose actions impact both sides of the border.<sup>6</sup>

### **d) Project proposal for UIA funds**

The project was prepared in 2019 and submitted in the call closed in December 2019. The proposal, aligned with the recent official candidature of Nova Gorica for the European Culture Capital of 2025 (as cross-border city), is to rebuild the local economy by investing in culture and cultural heritage with specific attention to circular economy and local sustainability. The aim is to transform Nova Gorica in connection with Gorizia into an open, dynamic trans-national, multilingual and multi-ethnic European local community, with regard to decisions and policies supporting quality, knowledge, modern trends in culture, ecology and economy. Ongoing projects in the cities confirm the tight relationship between cultural heritage preservation and circular economy, between culture and art and sustainability, between education and innovation. The project will in fact deal with cultural heritage preservation. It will aim at renovating cultural spaces to host crossborder creative industries and crossborder living lab of arts, crafts and culture production and promotion. The project will also foresee tangible and intangible events; crossborder education and dissemination on culture and heritage to generate cultural diversity innovators of the future and to implement local cultural co-created exchange system. Somehow, the project aims to create a new cross border cultural community (different cultural approaches), by the

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<sup>5</sup> <https://euro-go.eu/en/programmi-e-progetti/progetto-cp-pump/>

<sup>6</sup> <https://euro-go.eu/en/programmi-e-progetti/progetto-cross-border-e-procurement/>

inclusion of all segments of the society and connected by a newly established exchange system that favours sustainability, integration, inclusion and interaction.

### **Project proposal for ECC - CULTURA 2025**

The idea was launched within the cooperation of the Municipalities in early 2018. Public consultations for idea collections started in the same year. The local team was supported by an external consultant with specific competences in ECC projects to develop the details of the project. The first draft of the project, the «bid-book» was submitted to the authorities in December 2019. In case of a positive assessment, the project will be further developed and re-submitted by the end of year 2020. The candidature gives a possibility to both cities and to the whole area to be upgraded into an open, dynamic trans-national, multilingual and multi-ethnic European local community. The area of the 3 Municipalities wants to be confirmed as a city of science and art, a green city, an important regional center, a destination for cultural tourism, a promoter of European intercultural dialogue. The news from the end of February 2020 is that the project has been short-listed and thus can be developed further with a final decision due at the end of year 2020.

From the analysis of the above-mentioned projects, conclusions are that there was a capitalization on previous commonly implemented projects and a lot of synergies have already been exploited but there is still potential to implement projects on wide European level and in transnational Interreg programmes, as well as in thematic programmes.

## **5. Cross border governance**

In the nineties the Municipalities on both sides of the border showed the need for joint action, followed by initiatives to create a joint cross-border office and a project of cooperation between the three administrations. The creation of the European Grouping of Territorial Cooperation means a continuation of all the efforts made so far on the basis of the new European legislation (i.e., Regulation No. 1082/2006 to which followed the Decree of the Republic of Slovenia establishing the European Grouping of Territorial Cooperation - Official Gazette of the Republic of Slovenia, Nos. 31/08 and 9/11 and the Law of the Republic of Italy no. 88/2009 of 7 July 2009 implementing Regulation (EC) 1082/2006 establishing a European Grouping of Territorial Cooperation).

The preparations for the EGTC's establishment started at the end of 2009, with the analysis of EU Regulations by the Slovenian-Italian working group. Followed the negotiations for establishing in convention and statute the headquarters, bodies, methods of operation and preparation of documentation. At the beginning of 2010, the founding decisions were adopted by the Municipal Councils of the three founding Municipalities. On February 19<sup>th</sup>, 2010, the Mayor of Gorizia officially signed the Convention on the Establishment of the EGTC. The Slovene Government approved the establishment of the EGTC in June 2010, the Italian Government in May 2011. The association was registered as a legal entity on September 15<sup>th</sup>, 2011. The Assembly met for the first time on February 3<sup>rd</sup>, 2012 and elected on its first

session the Presidents, Mr. Franco Frattini, Italian Ministry for Foreign Affairs and Mr. Robert Golob, Professor at the University of Ljubljana.

Tasks and functioning are further detailed in Rules published on the EGTC website.<sup>7</sup>

For the management of ITI EGTC interventions, the EGTC GO, as intermediate body, complies with the provisions of EC Regulations as well as of the InterregV Italy-Slovenia 2014-2020 Programme and its related implementation documents, and not least the Agreement signed in 2016 by the intermediate body with the InterregV Italy-Slovenia Managing Authority.

The EGTC GO has the following organizational structure: a Director and the Permanent Secretariat; the Intermediate Body Office; the permanent project management office, as shown below in the Organizational structure pictogram.

Figure 2: EGTC-GO Organizational structure



Source : <https://trasparenza.euro-go.eu/it/organizzazione/articolazione-degli-uffici/>

In order to clearly define the responsibilities and the flux of information and data, the EGTC has its own Management and Control system, available on the EGTC GO website.

The document sets the rules for the EGTC internal organization and covers topics such as:

- Selection and evaluation procedure
- Procedure for the processing of requests for reimbursement by the beneficiaries and for authorization and execution of payments to the beneficiaries

<sup>7</sup> All rules are available on the tri-lingual website : <https://trasparenza.euro-go.eu/sl/disposizioni-general/atti-general/>

- Procedures for checking operations and Refund procedures
- Procedures for submitting the declaration of expenditure to the certification authority
- Procedures for reporting and correcting irregularities and recoveries
- Collection and storage of electronic data for all operations
- Statement of assurance and annual summary of checks
- Assistance to the Monitoring and Editing Committee Annual and final implementation reports
- Transmission of information to the Audit Authority
- Procedures relating to effective procedures for examining complaints concerning the ESI Funds
- Risk Management procedures and prevention of fraud

The Intermediate Body Office is set up by 2 staff units.

From the interviews, the following observations were collected:

The Intermediate Body has played an important role in the selection and assessment of ITI projects, as well as in their management and monitoring. Its functions are clearly foreseen in the Agreement signed by EGTC-GO with the Programme Managing Authority (MA) and described in the system description (SIGECO/Management and Control System).

The EGTC and Sole beneficiary approach has enabled regular daily communication and very operational and clear cooperation. The contacts with the MA are regular both on daily basis as occasionally in meetings. The necessary legal bases are prepared together. Communication flows are smooth thanks to continuity in staff composition.

The EGTC has been proving to be an institution providing a solid framework for cooperation and as such is well suited for the development and implementation of a wide variety of projects and policies, covering all sectors of interventions of its partners. In the case of the EGTC-GO cross-sectoral cooperation is most evident when designing projects in the field of mobility, tourism, strategic spatial planning, creative industries and culture.

#### **Text box 1: Medium-term results of ITI projects**

According to the interviews, by applying the 'sole beneficiary principle', ITI projects achieved in the medium term the following results (which would not have been achieved within the framework of a cross-border cooperation project applying the Lead partner principle):

- The close cooperation allowed a daily cooperation among the administrations of the three municipalities for joint implementation of public policies. In regular cross-border cooperation projects cooperation would have been narrowed for purposes of project activities or partnership meetings.
- Cooperation at strategic and operational levels (from cross-border strategy to implementation through projects)
- Faster response from managing structures, since both MA and IB are closer to the beneficiary: having a sole beneficiary, the transmission of information is linear without loss

of information

- Better overview of the whole operations, with one entity and team watching over all activities rather than LP principle scattered across numerous partners
- Easier work for FLC because it is always the same contact, same subject, better project overview / track<sup>8</sup>

## 5.1 Cross-border governance facing the COVID-19 sanitary crisis

It is worth mentioning that activities were not interrupted in times of the outbreak of COVID-19 crisis. The activities continued, mainly on HEALTH and on governance issues.

As part of the candidacy for European Capital of Culture 2025, EGTC GO has organized an online course in Italian and one in Slovenian, to make citizens of the cross-border area feel closer.

Italian and Slovene language courses were started on March 30<sup>th</sup>, for 5 weeks, twice per week: on Monday and Thursday, in two Facebook groups. Slovenian-speaking students learned Italian in the group “Naučise ITALIJANSKO z GO! 2025”, while Italian speaking students learned Slovenian in the group “Impara lo SLOVENO con GO! 2025”.<sup>9</sup>

Also the autism activities of the Salute-Zdravstvo Project have adapted to the COVID-19 emergency. In the lockdown months, Italian and Slovenian experts were following the online courses organized by specialists, in order to provide support to the parents of children with autism spectrum disorders in the three Municipalities.

Programs for physiological pregnant women were launched before the outbreak of the COVID-19 crisis: gymnastics for pregnant women, aquatic courses in pregnancy and for newborns and meetings for support groups. Because of COVID-19 emergency, they were transferred online to guarantee company to future mothers and to maintain the service.

The consequences of the COVID-19 crisis are likely to impact on the entire public policies at EU and national level, especially in the health sector. New solutions will have to be thought about.

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<sup>8</sup> The Sole beneficiary is located in Italy and validation of ITI expenditure is under responsibility of Italian FLC only. EGTC GO IB and FLCs drafted specific Guidelines for reporting for implementing bodies and a common check list for administrative and on-the spot checks. Consultation procedures between FLCs were defined for expenditures incurred by Sole beneficiary on basis of the Slovene national legislation on public procurement.

<sup>9</sup><https://euro-go.eu/it/notizie-ed-eventi/news/corsi-gratuiti-di-lingua-slovena-e-italiana/>

## 6. Pilot actions of institutional cooperation - HEALTH

### 6.1. History of cooperation in the health sector (based on research in the area of Austria/Italy/Slovenia)

The main source of information is a 2006 publication under the Europe for Patients project, published under the supervision of the European Observatory on Health Systems and Policies. Though dated, this publication gives a good specific focus on patients mobility and treats the Austria/Italy/Slovenia cross-border area in a separate case study.

**a) Patient categories**

Mobility patients can be sub-divided into 5 separated categories, depending on their motivations for mobility.

Table 6: Patient categories identified on EU level

1. TOURISM	2. RETIREMENT	3. LINKS
<p><b>The first</b> category includes those citizens who, while on holiday, need to use health care services in the country they are visiting. In these cases there are arrangements throughout the European Economic Area (EEA) to facilitate the process, based on the E111 form, giving the right to treatment during a temporary visit.</p>	<p><b>The second</b> category includes those citizens who retire in a different country and wish to use the health care system of the country where they are living.</p>	<p><b>The third</b> category consists of people sharing close cultural or linguistic links with the region where care is provided. In regions where a natural community is divided by a national border, people look for treatment close to home – which happens to be on the other side of the border. This is often the case where a town is divided by a river that forms a country border. This patient group also includes migrants returning to their country of origin to receive care. When cross-border care is accessible, for instance within the framework of cooperative agreements, these patients are likely to be the first ones to take advantage.</p>
4. CONVENIENCE	5. LACK OF SERVICES	
<p><b>The fourth</b> category includes those patients who cross a border to receive health care or to buy health goods. This is often because of perceived advantages related to quality, accessibility or economic convenience, specifically out-of-pocket payments borne by patients. Examples include patients going abroad to avoid long waiting lists in their home</p>	<p><b>The fifth</b>, and numerically the least significant category concerns those patients who are sent abroad by their own health system to overcome capacity restrictions at home. It concerns mainly smaller countries or regions with a low population density where the domestic health system cannot reasonably provide a comprehensive range of health care services for its population.</p>	

country and patients seeking cheaper treatments, typically moving from old to new Member States.	
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In the Italy-Slovenia cross-border area it can be observed that the first four categories of patients mainly apply.

## b) The context, history and characteristics of mobility on cross-border level

Table 7: The relevant info for the health-care services in the Austria-Italy-Slovenia cross-border area is summarized below.

<p><b>The context</b></p> <p>Slovenia, Italy and Austria share common borders and Slovenia lies at a crossroads of two major transportation routes, one from the European south-west to the east and north-east, the other one from north-west to south-east. Traditional links have survived the turmoil of the 20th century and national borders have never been a serious obstacle to cross-border cooperation.</p> <p>Indeed, the degree of cooperation is facilitated by many special arrangements made for people formerly citizens of the neighbouring countries to enjoy social benefits from both systems.</p>	<p><b>Potential cross-border services</b></p> <p>From the perspective of a potential patient from Italy and Austria, the most important features of the reformed Slovene health care system are:</p> <ul style="list-style-type: none"> <li>• lower prices for some hospital procedures (such as cosmetic surgery) and dental treatments performed for direct payment (which would be privately paid for in the patient's country of origin);</li> <li>• development of small, flexible private practices, with incentives to attract foreign patients;</li> <li>• medical treatments in spas, either as a supplement to tourism (Italians) or as part of the basic benefit package (Austria and Germany).</li> </ul>	<p><b>Healthcare services</b></p> <p>Throughout the 1980s, Slovene health care developed a reputation in Italy as a place where one could obtain non-urgent treatment at low cost (for example dental care, gynaecological treatments and orthopaedic surgery). An additional factor was the use by Italian women of gynaecological departments in Slovene general hospitals and Clinical Centre in Ljubljana to obtain abortions when they were still illegal in Italy.</p> <p>These links acted as drivers of intense cooperation between health professionals in both countries at many levels and in many areas, a situation that has continued to present.</p> <p>On the other hand, Austrians have traditionally visited spa resorts to receive some treatments and rehabilitation services. Their stays have been reimbursed by the Austrian social insurance system.</p>
<p><b>Changes in the '90</b></p> <p>The political transition in Slovenia brought privatization of some elements of health care provision, opening up new opportunities for cross-border movement. This particularly affected adult dentistry. Italian and Austrian patients were attracted by the proximity of providers, which were just across their borders, and their low prices.</p>	<p><b>Bilateral agreements</b></p> <p>Patients have benefitted from bilateral agreements that Slovenia inherited from former Yugoslavia. These agreements were offering coverage practically identical to that provided by the E111 system.</p>	<p><b>Scale of movement</b></p> <p>Cross-border care between Slovenia, Austria and Italy, has never contributed an important share to the public health care system of any of the three countries involved. However, it has disproportionately affected certain medical and dental specialties and facilities, leading researchers to examine the mobility of patients, professionals and providers.</p>



<p><b>Bilateral agreements and patient's perspective</b></p> <p>The most important agreement between the former Yugoslavia and Italy was the Udine Agreement. Slovenia and Italy subsequently concluded a new and broader convention on social affairs in 1999.</p> <p>This provides a framework for regulation of social security arrangements for workers of both states when temporarily in another country for work, and for those living in the bordering areas and their families.</p>	<p><b>Patients in the Slovenian system</b></p> <p>The leading causes for admissions were injuries and poisonings, followed by cardiovascular and urogenital diseases.</p> <p>It was assumed that there would be considerable potential for cross-border care in certain medical specialties, such as plastic surgery, ophthalmology and diagnostic services. However it was not possible to obtain accurate data, although qualitative reports suggested that, in border areas, foreign patients might account for as much as a third of yearly attendances with some providers.</p>	<p><b>Mobility of health-care professionals</b></p> <p>Slovenia, Austria and Italy, have experienced very modest cross-border care prior to Slovenia EU membership. Although small in number, patient mobility represents the major part of health care movement. Health professionals, especially nurses, have moved from Slovenia looking for better working conditions and salaries. On the other hand there has been intense cooperation between health care professionals in neighbouring regions for many years, although providers were constrained by national regulations and opportunities for active for-profit cross-border cooperation were very scarce.</p> <p><b>Mobility of patients</b></p> <p>The Health Insurance Institute of Slovenia (HIIS), the leading purchaser of health services in the country, has been interpreting strictly the regulations on access to health care for Slovene patients in countries that have signed bilateral agreements on social security in ways that limit their use. Agreements between Slovenia, Austria and Italy gave beneficiaries certain rights. However, the HIIS has sought to use health care abroad to tackle certain national concerns. For example, it has approved some requests for elective treatment in other countries, but only for certain methods of treatment not available in Slovenia. Reflecting a concern about long waiting lists, the HIIS offered patients on the national waiting list for cardiac surgery the opportunity to receive treatment abroad. Less than 10% of patients decided to take up the offer.</p>
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### **c) Emerging issues on mobility and health policies**

Given the changing circumstances following Slovenia's European Union accession, there are several types of mobility that are likely to be developed:

- more direct contracting and purchasing by the national authorities (e.g. national health insurance in Slovenia, regional governments in Italy);
- more provider-provider arrangements for exchange of patients and common use of facilities;
- "second opinion" and similar types of diversified and increased demand for health care.

### **d) The future of patient mobility**

Developments in patient mobility are likely to depend on the following:

- future trends in liberalization of the health care market(s) in the European Union;
- share of private insurance and out-of-pocket payments in each country;
- institutional and legal provisions for patient exchange and mobility.

The role that the EU will take in relation to liberalization of the delivery of health services will certainly influence national decision-makers and, more importantly, patients' mobility across the European Union. Easier access to second opinions as well as to publicly sponsored and reimbursed health care services may lead patients to opt for providers they consider to be better, more efficient and more adapted to their needs.

### **e) Health Policy issues**

From the policy point of view, on a broadly EU level, a number of issues need to be addressed:

- facilitation of free choice of provider and of second opinions, especially where providers are geographically close by but separated by a border;
- macro system issues – financing and reimbursement of services in each country, sustainability of free movement of patients;
- micro system issues – regional coordination of patient flows irrespective of national borders, sharing of capacities.

Within the ITI Health project those issues were tackled with a thematic focus. First steps on management of patient flows have also been made, thanks to a project sub-section dealing with waiting lists.

It is possible to identify some areas for action, based on the findings of the above mentioned case study. These include:

- the need for multilateral agreements on patient exchanges for emergency and non-emergency;
- adoption of a harmonized approach for reimbursement by public financing agencies in different countries;
- creation of common waiting lists;
- sharing of capacity under a uniform financing strategy;
- development of Internet-based information that could be trusted and reliable.

These issues have been broadly developed in the ITI Health project, namely the exchange of patients and practitioners, the common work on waiting lists, common financing strategy and eHealth solutions for the future.

## 6.2 Some concrete examples of cooperation on health within the Interreg Italy-Slovenia Programme

Cooperation programs between Slovenia and Italy have been running since 1995, many organizational issues changed over time but the mission to strengthen cross-border cooperation has remained unchanged over time.

Cross-border cooperation has been strengthening and developing on important topics over the years. On the one hand, stakeholders are interested in designing new cross-border partnerships, other partners wish to deepen existing ones. We are hereby, along the description under section 6.2.1 and 6.2.2, proposing some examples of funded project and the recent initiatives for capitalization.

### 6.2.1 Examples of projects financed under 2007-13 Interreg IVA Italy-Slovenia Programme

The projects on health in the period 2000-06 and e-health solutions as well as projects on a series of health pathologies in the 2007-13 period were a good basis for the ITI pilot project on health. Three projects have been hereby selected to illustrate the content and the scope of the cooperations since previous programming periods.

#### **EXAMPLE 1 - eCARDIONET project**

The Cardiology Network of Excellence was coherent with the main objective of the Operational Programme to improve the quality of life within the program area through the coordinated development of health and social systems. The cooperation between the territorial structures of the program area aimed at introducing new administrative practices and innovative clinical models for the treatment of heart failure, in emergency intervention, in the multidisciplinary approach to rehabilitation and secondary prevention. A network to identify and ensure the emergency patient the intervention of angioplasty and cardiac surgery in the cardiological structure closest to the border was established.

The project key need was to apply new protocols in the prevention and treatment of heart failure, a disease of great social relevance for its prevalence, morbidity and mortality. Synergy with Sports Medicine and rehabilitation programs with gyms were foreseen. The project actions aimed to improve the quality of the care service by acting on the clinical efficacy and management efficiency for the health harmonization in these sectors involved.

The cardiology network was interconnected with the "information systems network" of socio-health structures at a cross-border level. Online access was guaranteed to services and archives for cardiologists, general practitioners, healthcare professionals from local structures, patients and citizens.<sup>10</sup>

### **EXAMPLE 2 - eSURGERYNET project**

The "e-surgerynet" project – lead by the ULSS 13 Company - Malice Surgery of the Veneto Region - proposed the creation of an excellency network of cross-border Surgery to apply clinical and interventional and management organization models.

The medical areas covered by the project were: digestive tract surgery, breast surgery, bariatric surgery, endocrines surgery and other medical specialties. The collaboration in the macro area served to share new avant-garde surgical and anesthesiologic techniques to encourage the diffusion of standard protocols. A common technological platform allowed specialist online consultation through live and on-demand sessions, the creation and access to a surgical video library, an e-learning area dedicated to professional training.

The creation of a joint network between hospitals promoted the harmonization of socio-health services in the programme area, optimized the use of existing resources, qualified professionalism, activated actions between public and private institutions in applied research, facilitated the citizens' access to assistance with measures that improve the overall quality of life. The duration of the project was 42 months, with activities located in the provinces of Venice and Trieste and in the statistical regions of ObalnoKraška, Gorenjska, Osrednjeslovenska.<sup>11</sup>

### **EXAMPLE 3 - eHEALTH project**

The E-health project aimed to increase the quality of life (specifically for the Italian and Slovenian patients) through the development of coordinated health and social systems, and through ICT (Information and Communication Technology) tools and new technologies.

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<sup>10</sup> More information available on the Interreg VA Italy-Slovenia Programme website, section projects (2007-13 period).

<sup>11</sup> More information available on the Interreg VA Italy-Slovenia Programme website, section projects (2007-13 period).

Project results were the following: activities coordination between cross-border health facilities in the e-health sphere, computerization of patient health data, digital control of the patient in hospital and outpatient's departments reaching increased safety (prevention of human errors), correct analysis of patient flow and demand analysis, computerization uniformity of health facilities in the cross-border context, accessibility to health services even in areas poorly served (teleconsultation, bilingual health workers up-to-date with additional information) for an overall increase in the quality of patients' lives.<sup>12</sup>

Other health projects were implemented under the Programme, all in line with the directives of the European Commission to develop telemedicine, eHEALTH solutions, create networks and platforms among hospitals and healthcare institutions. Several similar projects were carried out within transnational cooperation Programmes (Interreg Alpine Space, Interreg Europe, Interreg 2 Seas Programme).

### 6.2.2 Examples of projects financed under 2014-20 Interreg VA Italy-Slovenia Programme

Projects on health and e-health solutions implemented under the 2014-2020 Programme are a good basis for capitalization and harmonization with the ITI pilot project on health. Three examples of projects have been selected to illustrate the content and the scope of the cooperation.

Worth mentioning the Programme 2019 Annual Event, held in June 2019 in Štanjel, (Slovenia) that intended to give an overview of the achieved and expected results of projects co-financed under the IP11 ECT and IP6c and promoting closer interinstitutional cooperation between implementing institutions and projects in the same field. The event was hosted by the Programme Slovene Info Point and organized in cooperation with the Programme Managing Authority and the Joint Secretariat.

The event was attended by over 130 representatives of institutions, involved in the implementation of cross-border projects in the 2014-2020 programming period. Two thematic round tables were held in the field of health and cultural heritage. Herein three health-projects and the conclusions of the health thematic round table are illustrated. Also the representatives of the below-described projects and those of the ITI Health project attended the roundtable in the 2019 Annual Event.

#### **EXAMPLE 1- CROSS-CARE project**

CrossCare introduced a rating and innovative multidimensional scale, shared between Italy and Slovenia, to allow the identification of the needs, resources and desires of the elderly. The project provided also personalized design, ongoing monitoring and a final evaluation of the results of the care paths. The care manager working in the Elderly Service Points (PSA)

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<sup>12</sup> More information available on the Interreg VA Italy-Slovenia Programme website, section projects (2007-13 period) and on: <https://keep.eu/projects/1884/>.

ensured personalized responses on elderly and their family 's requests and, if necessary, arranged home automation and assistive equipment.

CrossCare fostered institutional cooperation between territorial services dedicated to elderly care to encourage the planning of joint solutions for aging generation, through a cross-border model of assistance. The model identified a new professional figure, the "care manager", providing for the establishment of Senior Service Points within the Elderly homes and qualified the home service as a key element for active aging strategies.<sup>13</sup>

### **EXAMPLE 2 - MEMORI NET project**

MEMORI-net represented a joint effort to improve post-stroke rehabilitation management strategies and define common diagnostic and therapeutic based protocols on the most advanced scientific knowledge and international best practices. With more than 4000 new cases / year in the programme area, stroke is one of the most pressing causes of intellectual and motor disability. It can hurt people in productive years, leaving deep consequences on the health care system, families and the whole local economy.

The project MEMORI-net set out to create a joint institutional framework for the management of rehabilitation courses for post-stroke patients, thanks to which all the centers involved in the various rehabilitation phases had adopted a Therapeutic Assistance Diagnostic path (PDTA) with common standardized protocols for the assessment of the deficit of patients and for the integrated cognitive-motor rehabilitation and an ICT platform to facilitate cooperation between institutions, stakeholders and families.<sup>14</sup>

### **EXAMPLE 3 – INTEGRA project**

The INTEGRA project aimed to address a rather unexplored topic: the protection of sexual and reproductive health of migrant women coming from cultures with a strong patriarchal imprint. The strengths of the project were the interdisciplinary approach, with the collaboration of universities, healthcare facilities and local associations, and the possibility to transfer good practices to deal with a phenomenon involving the whole programme area and resulting relatively new for Slovenian facilities.

The overall objective of the project was to increase the knowledge and cross-border cooperation of health operators on the topic of sexual and reproductive health of migrant women, especially those at risk of female genitalia mutilation and forced marriages, through development of common guidelines and a sexual health and reproductive index. This

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<sup>13</sup> More information available on the Interreg VA Italy-Slovenia Programme website: <https://www.ita-slo.eu/en/all-news/news/cross-border-welfare-crosscare>.

<sup>14</sup> More information available on the project website: <https://memorinet.eu/index.php/it/>.

allowed health sector workers to face this challenge by using a common intervention protocol.<sup>15</sup>

With regard to the Annual Event conclusions stemming from the thematic round-table and in line with the published programme brochure, the key project goals, the results achieved and the conclusions of the joint discussions is following below.

Project partnerships highlighted the following key project goals:

- establishing a **cross-border model for integrated elderly treatment** that would also become competitive from an economic point of view,
- **increase the knowledge and cross-border cooperation of health professionals** on sexual and reproductive issues for the health of migrant women,
- **creating a common institutional framework** for the management of rehabilitation procedures for patients after a stroke,
- **improve the accessibility and quality of health and social services** for the inhabitants of Gorizia conurbations.

The results achieved represent a direct benefit to the population of the programme area or individually in the functional area. Some highlights include:

- the signature of a cross-border **protocol for integrated treatment** of the elderly,
- the development of a common cross-border **model of comprehensive and personalized care** for the elderly

The participants of the thematic table in the field of health came to the following conclusions:

- **More professional support and better and faster responsiveness of decision-makers** would be urgently needed, which would also significantly help to strengthen institutional cooperation capacity;
- Some project outputs, such as guidelines for the treatment of migrant women;
- **Guidelines for the rehabilitation of patients after a stroke** or a cross-border model of the whole and the individual personalized care for the elderly can be transferred from one functional area to another.
- **Achieving synergies between projects** across different cross-border programs that cover the same area, the challenge of transferring project results to other functional areas;
- The results of the projects will be disseminated to the expert public and policy makers jointly;
- To encourage public authorities and key decision makers to **use what has already been achieved** - results and good practices also in other functional areas or at national level.

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<sup>15</sup> More information available on the Interreg VA Italy-Slovenia Programme website: <https://www.ita-slo.eu/it/integra>.

## 6.3 Application of EU Directive 2011/24 on patient mobility on EU level

### 6.3.1 In Italy:

The European Directive 2011/24/EU indicates the provisions regarding cross-border healthcare and the applications of patients' rights in the EU. In Italy the Directive was implemented in Italy through the Legislative Decree of March 4, 2014, n. 38, which came into force on April 5<sup>th</sup> 2014.

The directive establishes that patients can decide to take advantage of health services provided outside national borders, being able to choose from the 28 European Union member states, as well as in Iceland, Lichtenstein and Norway.

Through this provision, it should be easier to obtain information about medical services and possible health treatments in other EU countries, but above all clear information is provided on what are the ways in which European citizens can take advantage of health treatments in member countries, obtaining a reimbursement for the health service obtained.

The reimbursement for costs incurred for health treatments in another EU country cannot exceed the reimbursement that the same service would have had in the country of origin according to the essential levels of assistance (LEA) guaranteed by the country of origin. However, at the bureaucratic level, European citizens face some obstacles. In order to qualify for the reimbursement, the patient must first contact the administrative counter of his/her own health district to collect the appropriate form. The request must be accompanied by the prescription of the service performed on the "red recipe" and all the clinical documentation relating to the case. After the evaluation of the reimbursement request, within 10 days from the submission of the written request, the applicant is informed about the result.

Prior authorization is required, according to Legislative Decree 38/14, for all hospitalizations for which at least one overnight stay is provided or for all services that involve the use of highly specialized or particularly expensive medical equipment. Furthermore, this authorization is granted only if in Italy there is no adequate offer and the service cannot be used in a medically acceptable period of time.

If no prior authorization is required, the patient can submit the application to find out the due refund amount. The response to this request is due within 30 days of its presentation or within 15 days if it is an urgent case.

If, on the other hand, prior authorization is required, all the documentation is forwarded to the competent responsible for the specific specialist area, who can give a positive or negative opinion. In the event of a positive opinion, the specialist, within 30 days from the submission of the request (15 for urgent cases), will communicate the amount foreseen for the reimbursement.

In case of a negative opinion, communication is due within 30 days, 15 days for urgent cases. In addition, the patient has the right to be informed about the structures in his country that carry out that particular intervention. If the citizen decides to carry out the health treatment abroad, he will have to bear the costs independently.



Appeal is possible against the negative decision, within the competent ASL (Azienda sanitaria locale, meaning local healthcare unit). If the answer is positive, the patient must present the invoice, the copy of the prescription made on the "red recipe" (previously issued) and all the clinical documentation to the health district of belonging within 60 days from the use of the health service. After the necessary checks, the amount due will be paid by the health district within 60 days from the presentation of the invoice.

For medical treatment performed in another EU country, the quality and safety standards valid in the State in which the health treatment is performed apply. If there are reasonable doubts about the quality of the service, the competent doctor will deny the authorization.

Patients who have benefited from healthcare treatment in another EU country are entitled to receive post-intervention benefits on the same level as patients who have been treated in Italy. To guarantee quality standards, the patient will be given a copy of his / her medical record or it must be available on the Internet.

Union citizens who temporarily go abroad will continue to benefit from "unscheduled" health treatments (eg first aid) according to EU Regulation 883/2004 and the European Health Insurance Card.

With the Directive 2011/24/EU, a National Contact Point has been set up at each European Ministry of Health which aims to provide patients with information to facilitate access to cross-border healthcare within the European Union.

#### 6.3.2 In Slovenia:

In Slovenia the patients can request healthcare treatment in another country in three cases:

- In case options for treatment in Slovenia have been used and there are no possibilities to continue the treatment in Slovenia
- In cases where the treatment in Slovenia requires long waiting times (longer than the reasonable waiting time)
- In case the patient took the decision to seek treatment in another country of the European Union

The request needs to be submitted to the Health Insurance Institute (*Zavod za zdravstveno zavarovanje Slovenije, in short ZZZS*).

The insured person submits the application for approval of the planned treatment abroad to the Health Insurance Institute - Regional Unit Ljubljana. The insured person submits the application for reimbursement of the planned treatment abroad to the competent ZZZS regional unit.

According to the Law on Administrative Procedure, the deadline for issuing a decision is shortly after receiving the request, but no later than 2 months from the date of submission of the complete application. The request needs to be submitted to a National Contact Point.

#### 6.3.3 In Europe:

Stemming from the document COM/2018/651 final, it can be concluded that in the analysis of the cross-border patients flows there is a slight increase. After five years from the Directive, it can be concluded that cross-border patient flows are showing a stable pattern,

mostly driven by geographical or cultural proximity. Patient mobility and its financial dimension within the EU remain relatively low and the Cross-border Healthcare Directive has not resulted in a major budgetary impact on the sustainability of health systems and it is not likely to be changed in the short or medium-term period.

#### 6.3.4 Comparison of the Italy-Slovenia data with the data on European level (maps and pieces of information from Member State Data)

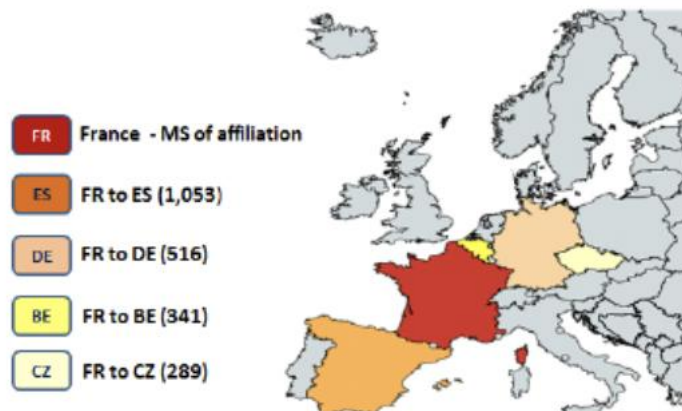
The objective of this section is to give a comparison on the number of requests, the time needed to treat the request and the amount of money spent for treatments offered in another EU Member State.

The info is based on a research subcontracted by the European Commission and conducted in 2016 by Health Connect Partners and Empirica.

##### A) HEALTHCARE REQUIRING PRIOR AUTHORISATION: requests for information on cross-border care received by NCPs

A total of 446 requests were received in Italy versus 1,181 requests in Slovenia. This, in comparison with 69,723 requests in the whole European Union, represent respectively 0,6% for Italy and 1% of the requests for Slovenia.<sup>16</sup>

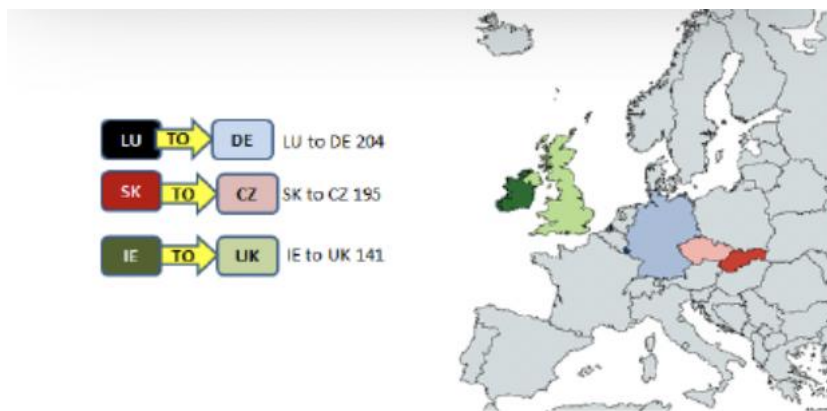
##### B) TERRITORIAL DISTRIBUTION



**FIGURE 3: MOBILITY FROM FRANCE WITH PRIOR AUTHORIZATION<sup>17</sup>**

<sup>16</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.13

<sup>17</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.18



**FIGURE 4: MOBILITY WITH PRIOR AUTHORIZATION (EXCLUDING FRANCE)<sup>18</sup>**

From the above figures, it results that among the European Member States there is an outlier, the country that registers the majority of mobility cases is France. The patients from France mainly seek medical assistance (requiring prior authorization) in Spain, Germany, Belgium and the Czech Republic. If we exclude France, we can observe that the majority of authorized treatments happen for Luxemburg patients in Germany, Slovak patients in the Czech Republic and Irish patients in the UK.

#### C) Accepted requests for authorization

The requests are classified concerning the level of risk. There are 3 levels: reason 1 - overnight stays in hospitals, reason 2 - specialized care, reason 3 – high risk care.

On European-wide level 585 requests were accepted for reason 1, 102 for reason 2 and 9 for reason 3.

Italy totaled 66 accepted requests for reason 1, 19 for reason 2 and 9 for reason 3. Together, the accepted requests were 94, in terms of percentages compared to the EU: 11% for reason 1, 18% for reason 2 and 100% for reason 3.

Slovenia totaled 2 accepted requests for reason 2 which represents 1% of requests for reason 2 on EU level.<sup>19</sup>

#### D) Time and amounts paid - Accepted requests for authorization

The allowed maximum waiting time is 30 days in Italy and 60 days in Slovenia. The average processing time is 11,2 days in Italy and 34 days in Slovenia. The aggregated amount reimbursed was 383,369.64 Euros in Italy and 796,23 Euros in Slovenia.<sup>20</sup>

On EU-wide level a total of 24.654.929,08 Euros of reimbursements were made. Concerning the averages compared to the EU, the reimbursements were respectively 1,15% reimbursements for Italy and 0,003% of all reimbursement for Slovenia.

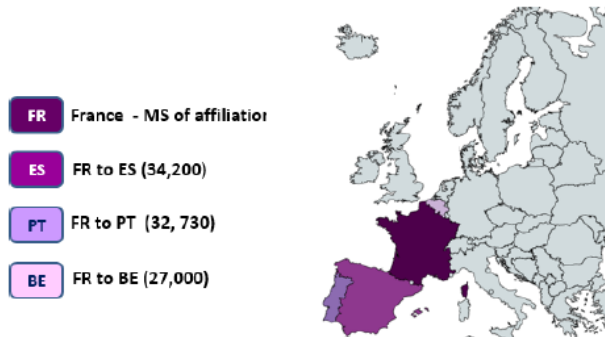
<sup>18</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.19

<sup>19</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.22

<sup>20</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.24

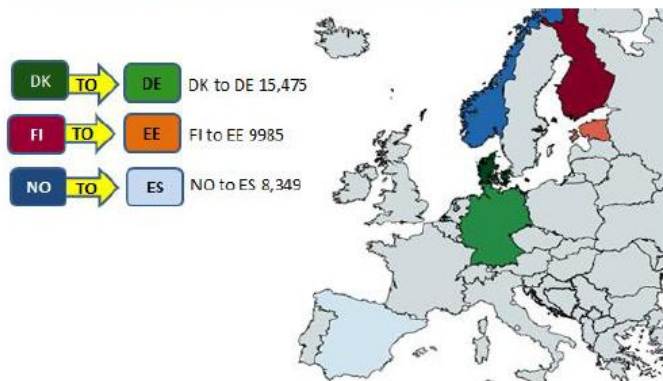
## E) HEALTHCARE NOT REQUIRING PRIOR AUTHORISATION TERRITORIAL DISTRIBUTION

Figure 9 Patient mobility from France not requiring Prior Authorisation



**FIGURE 5: PATIENT MOBILITY FROM FRANCE NOT REQUIRING PRIOR AUTHORIZATION<sup>21</sup>**

Figure 10 Patient mobility not requiring prior authorisation (excluding France)



**FIGURE 6 : PATIENT MOBILITY NOT REQUIRING PRIOR AUTHORIZATION (EXCLUDING FRANCE)<sup>22</sup>**

From the above two figures, it results that among the European Member States there is an outlier again, the country that registers the majority of mobility cases is France. The patients from France mainly seek medical assistance (not requiring prior authorization) in Spain, Portugal and Belgium.

Besides France, the majority of healthcare interventions mobility not requiring prior authorization takes place from Denmark to Germany, from Finland to Estonia and from Norway to Spain. This last case is the only one where there is no geographic proximity, all other cases where the mobility is frequent, the mobility occurs between countries geographically close one to the other.

<sup>21</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.28

<sup>22</sup> Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.28

#### F) Requests for authorization-authorisations, refusals, withdrawals

The number of received requests for reimbursements is 138 for Italy and 1931 for Slovenia. The number of authorized requests is 107 for Italy (77,5% of all requests made in year 2015) and 1833 for Slovenia (94,9% of all requests made in year 2015).

The number of refused requests is, 25 for Italy (18%) and 54 for Slovenia (2,7%). The number of withdrawn requests is available only for Slovenia, where 44 requests were withdrawn (2,2%) whereas for Italy no request was withdrawn.<sup>23</sup>

#### G) Mobility not requiring authorization-reimbursements

The average time for processing requests for reimbursement is 40,7 days in Italy and 19 days in Slovenia, the maximum being 60 days for both countries. The total reimbursed amount is 83.641 Euros for Italy and 442.209 Euros for Slovenia.<sup>24</sup>

On EU-wide level a total of 41.142.966 Euros of reimbursements were made, respectively 0,2% for Italy and 1,07% for Slovenia.

#### 6.3.5 Conclusions on the Application of EU Directive 2011/24 - a comparison of the Italy-Slovenia data with the data on European level

The objective of the previous chapter is to give a comparison on the number of request, the time needed to treat the request and the amount of money spent for treatments offered in another EU Member State.

From the tables and maps it results that among the EU Member States, the country registering the majority of cases of mobility, is France, showing mobility from and to different geographical areas (not necessarily concentrating in the border areas). The other EU Member States have less requests.

In the case of patient mobility for treatment requiring prior authorisation, the most common reason for requesting authorization in the whole of the European Union, according to the EC Report for 2016, was the need for at least one night of hospital accommodation. However, the flow of patients travelling to receive pre-authorized care in another country remained low in 2016.

In total, number of episodes of care in another country reimbursed under the Directive in 2015, whether with or without prior authorization was 213.134 patients in the whole of the EU. This number is so small in comparison to all the episodes of care across the EU (where the average in 2015 was between 10,000 and 20,000 per 100,000 inhabitants), that it is

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<sup>23</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.31

<sup>24</sup>Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica, p.32

financially insignificant. However, the small financial impact on a health system should not undermine the **huge personal importance to a patient** who is enabled to travel to receive care if it is impossible to receive it at home.

Looking at the direction of patient flows, one significant trend that emerges is that, both for pre-authorized and not pre-authorized treatments, **most mobility is across shared borders**, with one significant exception of flows from Norway to Spain.

A key final remark to be kept in mind is that while there is evidence of some interesting trends, the overall figures are too small to draw significant conclusions on wider European level. Also, Italy and Slovenia are not listed among those countries with relevant patient flows. Likewise, the expenses for patient flows towards other countries remain low.

#### 6.4 The possibility to book health-care services (CUP-common booking center)

The activity aims to overcome administrative and operational obstacles, in order to give to citizens of the EGTC area the possibility to book and use cross-border health services from both parts of the border, regardless of the state of origin, thus putting into practice the principle of the free movement of patients contained in the EU Directive 2011/24. The healthcare offer, the booking systems and the supplying system of Italian and Slovene healthcare services were analyzed, in order to create a network of cross-border healthcare services. All activities are carried out in close collaboration between the Slovenian Ministry of Health and with the Central Health Administration, Social Policies and the Disabilities Department of the Friuli Venezia Giulia Region, and with the relevant agencies in charge of the system of health services booking, such as Insiel, the Slovenian National Institute for Public Health NIJZ (*Nacionalni inštitut za javno zdravje Republike Slovenije*) and the Slovenian Institute for Health Insurance ZZZS (*Zavod za zdravstveno zavarovanje Republike Slovenije*).

The activities progress is slow due to complexity of the categorisation of medical treatments (the nomenclature of both systems foresee thousands types of medical treatments). The objective is testing a limited number of treatments. It has been necessary to provide for preliminary coordination between public health authorities, identification of the list of treatments and of their harmonized/agreed cost, the check of availability for booking on the same platform. This process has been time-consuming, however very useful in order to significantly shorten patients waiting time.

The list of health services to be provided in the territory of the EGTC GO was approved and the number of places reserved for the pilot action were identified on a weekly basis. An agreement was also reached on how to implement the cross-border booking system.

On the basis of the indications provided by the analysis and taking into account the technical characteristics of the two Italian and Slovenian IT systems, a cross-border informatics group has been upgrading the existent booking systems, to allow the booking and use of the services of both States.

## 6.5 Health care working groups

### 6.5.1 Collaboration on Mental health issues

Thanks to the project, a joint Italian-Sloveneteam was created with the task of drawing up common guidelines for the care of the age group 18-35 patients with mental health problems. Guidelines describe the actions to be carried out in the event of an acute situation and provide for socio-professional reintegration of young people with mental health disorders.

The first project activity consisted of an analysis of differences and synergies of the methods of treatment in Italy and Slovenia. The aim was to understand if and how it is possible to activate a joint service. The cross-border team developed a joint model capable of increasing the quality and accessibility of cross-border healthcare services.

In the end of 2018, an event dedicated to operators not directly working in the field of mental health but coming in contact with people with mental illness was organized. A bilingual glossary and guide of “Key Terms in the field of Mental Health” was prepared. In September and October 2019, a training course for joint medical team on community mental health practices, de-institutionalization courses and individual rehabilitation courses took place.

In June 2019, the call for applications for the implementation of “Individual health chart/ individual health treatment methodology” was published on the EGTC GO telematic platform. In mid-November 2019 the winner was identified. The co-planning meetings were held in November and December 2019. In 2020 the “Individual health chart” will be introduced to the pilot patients included in the project. The individual health charts/ individual health treatment methodologies are based on three axis of action, housing, work reintegration and social inclusion. “The individual health charts/ individual health treatment” methodologies are a form of personalized project based on individual patients needs and aspirations, to make the reintegration process more successful and patient-friendly.

### 6.5.2 Collaboration on the health condition of Autism

The project aims to introduce the early diagnosis (at 18 months of age) of the autism spectrum disorder. International studies continue to confirm that early treatment can significantly improve communication, relational, cognitive and adaptive skills. One of the most important objectives is awareness raising on the importance of early diagnosis to primary care pediatricians, families and relevant operators.

A working group of experts was set up to draft a joint medical protocol. The protocol plans the use, already in very young children, of the M-CHAT, one of the most internationally advanced tools for the diagnosis of the autism spectrum disorders. For the treatment it recommends the use of the ESDM method, which is currently the most effective in babies from 18 months onwards. For this end, the joint cross-border medical team took part in the ESDM course, held by one of the most accredited American experts in this field at international level. At the end of the course, experts obtained a license to treat children with autistic spectrum disorder through this method.

At the Basaglia Park in Gorizia, spaces were redecorated to be used by the joint medical team for ESDM treatment of children from both states. Didactic material on the ESDM method was purchased. The works were completed in July 2019. The new spaces were officially opened in November 2019.



### 6.5.3 Collaboration on the health condition of physiological pregnancy

The first project activity analysed differences and synergies of the treatment methods for pregnant women in Italy and Slovenia. A transnational working group was established, who developed a joint treatment model for physiological pregnancy, for the innovative services that will be provided by the joint cross-border medical team.

At the end of 2018, the cross-border agreement for the adoption of the model was signed, based on the excellences of the two territories, and taking into account the models adopted in the three most advanced European centers in Holland, Denmark and England, visited between May and June 2018.

In April 2019, the working group identified the activities to be jointly provided. Information materials for women were prepared on cross-border services offered, such as Gymnastics for pregnant women, water-gym in pregnancy, Aquatic courses for newborns and Support groups. In December 2019 the agreement was signed between Splošna bolnišnica "Dr. Franca Derganca" Nova Gorica and the Healthcare Agency n. 2 "Bassa Friulana-Isontina" for carrying out the swimming pool activities.

In December 2019 the first meetings with pregnant women started.

Thanks to the project, pregnant women of the three municipalities were able to benefit from pre and post-pregnancy services, provided by a cross-border group of obstetricians and gynecologists. Though this staff take into account the best European practice learned in their study-visits across Europe, currently these innovative obstetric practices are not yet applied neither in Slovenia nor in Italy.

The project also plans infrastructure works to host the cross-border multidisciplinary mixed team activities, at the Basaglia Park (renovation works to host the "Birth Path" center for pre-birth activities, so called Centro Salute della donna). The final project is currently under approval. This activity, in addition to the ITI project financial allocation, will benefit also of a financial contribution by the Regione FVG (Azienda per l'Assistenza Sanitaria n.2 Bassa Friulana – from January 2020 working under the new name ASUGI) to upgrade the initial plan, **testifying the ITI pilot action multiplier effect.**

At the Šempeter General Hospital, a space has been identified within the maternity ward to be used for physiological labour (so called Prostor za fiziološki porod). An external technician was entrusted with the task of supporting the person in charge of the procedure<sup>25</sup> for the preparation of the competition, its award and the execution of works.

### 6.5.4 Collaboration on social inclusion issues

The action aims to create a network of cross-border social services for the population of the EGTC GO area, in particular for the weaker groups. The result of the action will be a cross-border protocol, to provide for the joint supply of social services, involving all managing

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<sup>25</sup> In Italian RUP, meaning Responsabile Unico del Procedimento.



bodies in charge of social services as well as private associations. Three info points for citizens were created in the three municipalities for information on social and cross-border services provided by all three municipalities as follows:

INFO POINT GORIZIA: it was created on the ground floor of the Multipurpose Center of Gorizia. The works ended in October 2019 and the spaces were handed over after a public ceremony on 18.12.2019.

INFO POINT NOVA GORICA: it will be combined with an investment on a currently abandoned building, for the creation of a center for three social activities: the GECT GO Infopoint for social inclusion, an area hosting homeless people and a "safe home" for battered women and their children. The call was published in December 2019. The activity will be partly financed by the ITI project and partly by the Nova Gorica municipality.

INFO POINT Šempeter-Vrtojba: another info point is foreseen to be set up by March 2021.

A permanent cross-border working group among the three municipalities was set up, to build a network of social services and joint assistance.

Training dedicated to social services operators from the three cities were organized. The first training session was organized in May 2019 in Nova Gorica followed by various thematic tables in June and September on the themes of "Seniors and disabilities", "Social unease and poverty" and "Minors and families".

## **Text box 2: Medium-term results of the HEALTH project**

According to the interviews, by applying the 'sole beneficiary principle', the HEALTH project achieved in the medium term the following results (that would not have been achieved within the framework of a cross-border cooperation project applying the Lead partner principle):

- Implementation of the joint procurement, applying Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement. The EGTC is the single contracting authority for the design, control and construction of the entire cross-border area, both in Italy and Slovenia, according to Slovenian and / or Italian legislation.
- As the EGTC is the sole beneficiary, it is in charge and motivated to meet the professional and administrative services of hospitals and other participating entities.
- The EGTC manages and coordinates the entire project, so it has an insight into all activities and the ability to quickly respond and develop common solutions. Implementing a shared reservation system or health envelope would be impossible without a sole beneficiary.
- The sole beneficiary has been an innovative tool mentioned as good practice in various EC studies.
- The Intermediate body and the sole beneficiary model represent less administrative

burdens, shorter communication channels, shorter audit channels, a clearer picture of responsibility for effective project implementation.

## 6.6 From collaboration to policy making and shared approaches

Thanks to increased cooperation of all relevant target groups in the EGCT-GO area (decision makers, health-care professionals, medical institutions) a higher degree of interaction was achieved. The outcome on the treatment of mentally ill people has to be mentioned: changes in methodology were introduced in Slovenia thanks to the close interaction with the Italian colleagues (closer follow-up of patients, more staff dedicated to them) and proposals for policy changes were introduced (to have more interaction between the medical staff and social workers, as it is in Italy). The teams have been in touch more regularly, a deeper analysis of legal and regulatory aspects has been done and concrete changes in the treatment path of patients have been introduced.

### Text box 3: Towards shared approaches

According to the results of the interviews, the effects of close cooperation in terms of institutional learning, policy making, administrative simplification are the following:

- Peer-to-peer normative framework
- Knowledge of cultural habits
- Reduction of language barriers (see also conclusive remarks under section 8.2.)
- Better solutions in shorter response times
- Transition from joint project management to daily participation and work
- Transition to joint planning, joint development and joint implementation within a common structure, leading to lower costs and harmonized results

From the interviews, it emerged that **decision makers in municipalities** benefited by the EGTC structure in a two-fold way: by extending the practice of participating in ITI project to various fields and by presenting the EGTC-GO experiences at events as an example of good practice that could be applied in other settings.

Interviews evidenced that for **professionals like doctors and social workers**, the effects of close thematic cooperation are the following:

- Familiarity with professional practices
- Transfer of good practices
- Knowledge of the offer / skills / references in the cross-border area
- Professional contacts

## 6.7 Joint actions in times of COVID-19 sanitary crisis

The cross-border cooperation continued uninterrupted also in the period of COVID-19 outbreak. It was particularly important in the activities under the HEALTH project. Before COVID-19 outbreak many activities for local population were put in place. Coordination continued and some activities were maintained, changing modality to online solutions. Text box 4 illustrates the joint actions put in place.

#### **Text box 4: Joint solutions in times of COVID-19 sanitary crisis**

- Distance education and support for parents of children with autism spectrum disorders:

The activities of the Health-Zdravstvo project dedicated to autism have been adapted to the COVID-19 emergency. In recent weeks, Italian and Slovenian experts have been following online courses (organized by Professor Costanza Colombi) to provide support to parents of autistic children in Gorizia, Nova Gorica and Šempeter-Vrtojba.<sup>26</sup>

- For pregnant women, meetings of support groups with midwives continued

Following the COVID-19 emergency, meetings with midwives for women in the EGTC GO area have been "transferred" online. In this way, pregnant women continued to receive the support by midwives and to network with other pregnant women, safely from home.

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<sup>26</sup><https://euro-go.eu/it/notizie-ed-eventi/news/formazione-distanza-e-sostegno-i-entitatori-dei-bambini-con-disturbi-dello-spettro-autistico/>;

## 7. Pilot actions of institutional cooperation – ISONZO/SOČA

### 7.1 The works

The works were organized in different tranches/lots, some affecting only one State and some affecting both States.

<b>WORKS BY TRANCHES</b>	<b>LOCATION</b>
LOT 1	<b>Camp Vrtojba/Opere Recreational parc</b>
LOT 2	<b>Cycle and pedestrian walkway on the Isonzo/Soča river</b>
LOT 3	<b>Transalpinaparcours along the border</b>
LOT 4	<b>Pedestrian and cycling path along the river (via degli scogli - Parco Piuma, Straccis and Parco Piuma -via San Gabriele)</b>

Table 8: Tranches of works and their location

**Lot 1:** in October (23.10.2019) the works on the recreational park were concluded and presented to the public within a ceremony held in November attended by the Mayors of the three cities. This concluded lot foresaw the construction, in the territories of the three municipalities, of a cross-border network of cycle and pedestrian paths along the Isonzo river and along the border connecting Solkan to Šempeter and Vrtojba.

**Lot 2:** is continuing at full speed the construction of a cycle and pedestrian walkway on the Isonzo in Solkan. The works on the other two Lots have also started. In July 2019, the procedures were started for the assignments of works management and coordination of safety in the planning and executive phase. In mid-October 2019 the assignment letter for works management and for safety coordinator were signed. The work on the ground is ongoing and will be completed in October 2020.

**Lot 3:** the preliminary project was prepared and approved by both the municipalities of Gorizia and Nova Gorica. The documents for the call for proposals (for the assignment of the executive project service, construction supervision, safety coordination in the design and executive phase, drafting of the cadastral-divisional plan and expropriation parcel plan) was finalized and the call was published on the internet platform of the GECT GO at the end of year 2019. The STRADIVARIE ARCHITETTI ASSOCIATI was selected.

**Lot 4:** the preliminary design document for the construction of the infrastructures were prepared. The documentation for the tender for the assignment of the executive project service (construction supervision, safety coordination during the design and execution phase, preparation of the cadastral plan-divisional plan and parcel plan) were prepared too. Four offers were received. In mid-May 2019 the tender was awarded to STRADIVARIE ARCHITETTI ASSOCIATI, agent of the grouping to be established. The final project has been delivered.

Regarding the "support to the process of territorial participation and community engagement", at the end of October 2018, following a market survey for expression of interest, the service was awarded for the definition of the cycle paths along the Isonzo river

and the requalification of the unused areas and with abandoned buildings. The contractor had to interact with the staff of the EGTC GO and with the designers responsible for the final design of the infrastructures to encourage participatory planning. In January 2019, a series of meetings with local stakeholders were held at the EGTC GO headquarters for the definition of the routes. Other meetings with administrators, technicians of the municipalities and actors affected by the infrastructure layout were held in October 2018 (2), November 2018 (1), March 2019 (1), April 2019 (2) and June 2019 (1).

#### **Text box 4: Medium-term results of the ISONZO/SOČA project**

According to the interviews, by applying the 'sole beneficiary principle', the ISONZO/SOČA project achieved in the medium term the following results (that would not have been achieved within the framework of a cross-border cooperation project applying the Lead partner principle):

- Daily cooperation of the EGTC project team with the administrations of all three municipalities
- Implementation of a joint procurement procedure, applying Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement: The EGTC is in charge of the design, control and construction of the entire cross-border area, in both countries, using Slovenian and / or Italian legislation, allowing the construction and completion of cross-border infrastructure (e.g. a cycling route running on both sides of the border and across the border)
- Regular meetings of the expert services of the administrations of the involved municipalities
- Close dialogue with territorial stakeholders in the light of policy shaping and implementation solutions on the ground
- Capacity to develop an action made of choices shared with the territory in a logic of cross-border integration which led to an improvement of local infrastructures
- Regular coordination also at political level
- Overall, it is an important promotion opportunity for a territory applying an innovative and completely new approach in the EU
- Much less administration, shorter communication channels, shorter audit channels, a clearer picture of responsibility

## **7.2 Conclusions on the works**

The initial delay has been caught-up. The difficult start was due both to ownership and administrative/expropriation issues and to significant changes intervened in the real-estate market between the conception phase (in 2010) and the bidding phase (2018-2019). The prices for building were not the same in the years when they were finally implemented and this impacted the whole procedure because of the need for further negotiations. In some cases, it was even necessary to correct the plan of infrastructures, to provide additional own resources in order to guarantee completion of all works. Presently the works have been running smoothly.

From the interviews, three important aspects representing an added value of investments can be additionally mentioned:

- Lot 2 will bridge the existing infrastructure and allow a South-North and East-West connection in the biking and walking infrastructure connecting the 2 countries. Consequently, a lot of pathways and biking trails from the Isonzo/Posočje valley and Karst-coastal area paths will be connected.
- The area will benefit from an “integrated approach” allowing in the future hopefully more harmonized approach to mobility and tourism with potential for a joint destination management approach and joint branding.
- The infrastructure will encourage urban soft mobility for a healthy urban environment (ref. Section 7.3 of this Thematic Report).

### 7.3 Short description of the so called “Conferenza dei Servizi” procedure

The so called “Conferenza dei Servizi” is a methodology used in Italy to plenary get opinions when it is foreseen an infrastructure work. In Slovenia the opinions or positive feedbacks (in Slovenian “*soglasje*”) are given individually by each competent body (Agency, Ministry or other authority).

The suggestion was made that for once, a cross-border “Conferenza dei Servizi” could be organized. The aim of a cross-border “Conferenza dei Servizi” would be to test and explore the possibility to transfer good practices from one member state to another in the case of cross-border investments.

The “Conferenza dei Servizi” method has been so far implemented only for investments in Italy, as foreseen by the Italian legislation. It could be applied on the investments with cross-border aspects to have a common decision and recommendations within one single meeting.

### 7.4 The importance of green spaces in urban areas

According to various international organisations and national, regional and local authorities, green spaces have become increasingly important in urban settings. The World Health Organisation (WHO) has underlined the importance of green spaces for urban health and sustainable development. To this end, the WHO has developed the Urban Health Initiative to decrease urban air pollution and short-lived climate pollutants – linking three aspects: health, environment and sustainable development. The findings show that by reducing urban air pollution, cities and countries can reduce the social and economic burden of many diseases.

The European Union addressed the same issue with focus on urban areas through actions funded by the European Regional Development Fund. The objective is to invest in energy saving technologies and on public transport with the goal of reaching CO<sub>2</sub> neutrality. Many

EU Programmes are dedicated to sustainable mobility both within territorial cooperation and in thematic fields. One of the Europe-wide initiatives is also the “European Green Capital”.

In year 2016, Ljubljana was assigned the title of European Green Capital. From having been a city previously dominated by car transport it is now focused on public transport and on pedestrian and cycling networks. The most significant measure taken has been the modification of the traffic regime on the main traffic artery in the city (Slovenska Street). Progress has also been made in preserving and protecting the green areas characterising the city and in the revitalisation and transformation of brownfield spaces. Ljubljana has also demonstrated progress in terms of treatment of city solid waste and waste water. The municipality has committed to pursuing a zero waste objective.

It has to be mentioned that the protection of green areas is different in the two States: while in Italy a green space can be considered a protected area on municipal, regional or national level (parco comunale/regionale/nazionale), the status of protection in Slovenia is rather assigned at national level and at municipal level.

Apart from specifically protected areas, other examples on how to valorize the urban green/natural spaces could be the soft mobility projects in Interreg Europe and Interreg Alpine Space Programme, as well as initially on the Interreg Italy-Slovenia Programme. For waste management projects, relevant examples could be found in Interreg MED Programme projects of the current and previous programming period. Further examples are available under the Urban Innovative Actions Programme. Further actions on integration with Macro-regional strategies could be explored and integrated in future projects.

The EGTC–GO itself has already implemented an Interreg Europe project on walking and cycling.<sup>27</sup> There is a vast potential to do more to valorize green areas in the urban context in the near future.

## 8. Final Conclusions

### 8.1 Conclusions on the Questionnaire on ITI projects and Sole Beneficiary

This section contains the condensed graphic information on the outcomes of the survey intended to be a support to the closing remarks included in the following Section 8.2.

The list of contacts contained 20 names of people from different associations and municipalities. Both territories were equally represented and all categories of stakeholders were involved, in both ITI projects. There were difficulties in receiving feedbacks and the questionnaires had to be sent repeatedly and recall occurred a few times. Only slightly more than 50% of the participants replied in writing and all those were further contacted for clarifications and additional pieces of information. Above all, we are aware that the current situation did not help the implementation of the survey from the participants’ side.

#### **Text box 5: Synthesis of outcomes of the survey**

- Frequency of contacts with the EGTC–GO: a twofold proactive approach coming from both sides is evidenced. Answers of the participants demonstrated a good

<sup>27</sup> For more details on projects, please consult section 4.3

frequency of the interactions, albeit in a framework of fairly fragmented feedbacks. This shows a need for support, information and communication, that has been positively satisfied, even if there is room for improvement. Improvement that refers either to ICT tools or to the contents of the information and communication services.

- Frequency on Common work on Internal Events: the frequency of recourse to EGTC support was indicated by respondents mostly on average level of the scale for activities (such as meeting support service, organization of venues, technical support, administrative, secretarial services, etc.). This shows patterns of positive support, but even a still limited interest in the services involved or a not completely effective informative activity to promote those services.
- Frequency on Common work on External Events: the info on the frequency of recourse to EGTC support was collected. Also in this case, data show patterns of positive support, but even a still limited interest in the services involved or a not completely effective informative activity to promote those services.
- Intensity of work on Project management: recourse to EGTC support was indicated by respondents mostly on average level, showing an average satisfaction and surely room for improvement.
- Intensity of work on Communication: this is the field that gathered the highest interest among the stakeholders. The outcomes show that the predominant communication tool is the website: all other communication channels (publications in English, in Italian, Slovene) have collected almost the same feedback. The feedback shows regular consultation (they are often used) and there is the whole span of users (some even admit never using the communication tools). This depends also on the focus of the participants, during the interviews some admitted being more interested just in a small part of the ITI projects (depending on their thematic focus) and using other more direct channels to keep in touch with colleagues (emails, phone calls and similar).
- Success of EGTC-GO in supporting initiatives: the overall feedback shows a significant level of satisfaction. Most of the participants confirmed that the EGTC-GO is very successful in supporting the activities on regional and local level whereas on national level the appreciation is a bit lower, even if still positive.

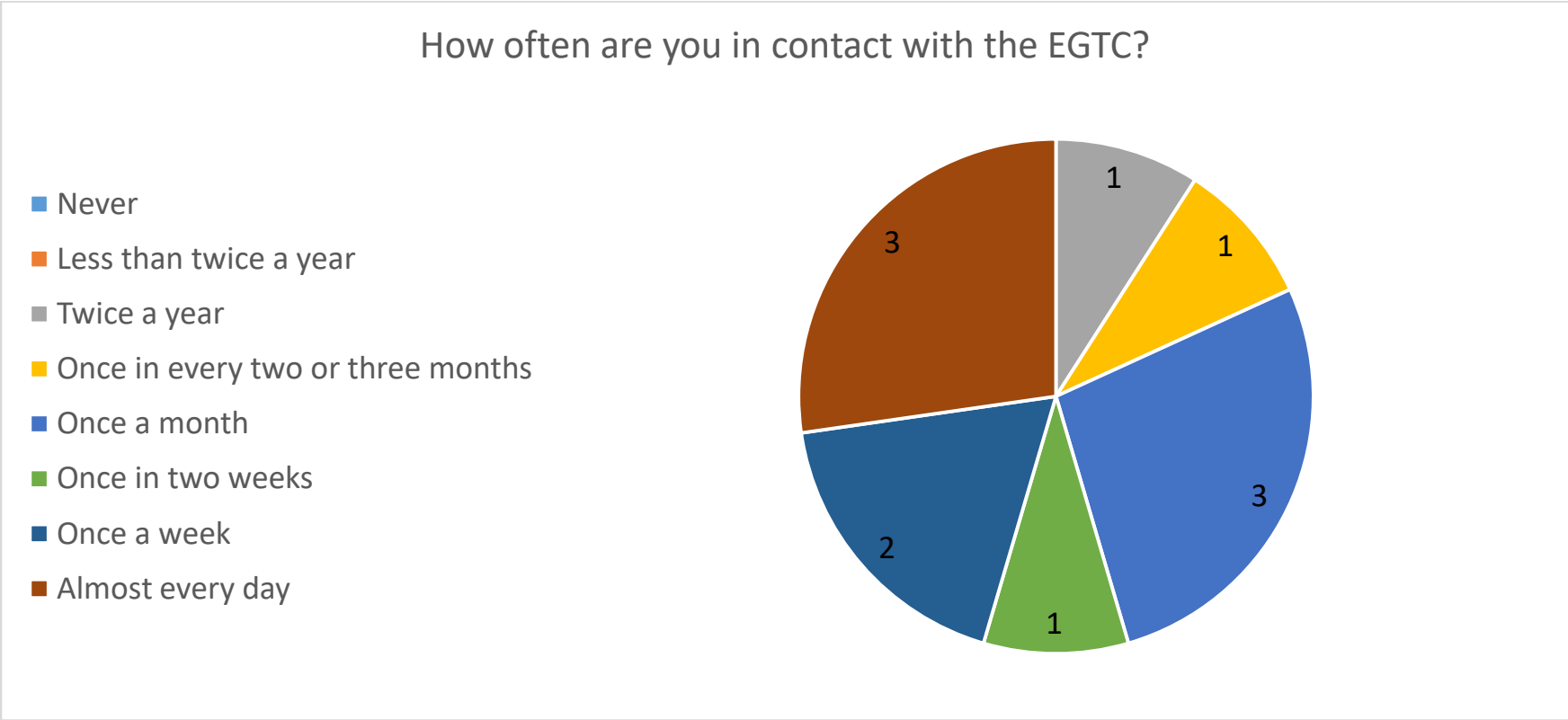
For a more comprehensive understanding, please find the structure/content of the Questionnaire within the Annexes at the end of this Report.



The results of the interviews could be summed up as follows:

**GRAPH 1 - Frequency of the contacts with the EGTC-GO**

The following graph shows how often local partners and stakeholders get in contact with the EGTC.



**Initiation of the communication**

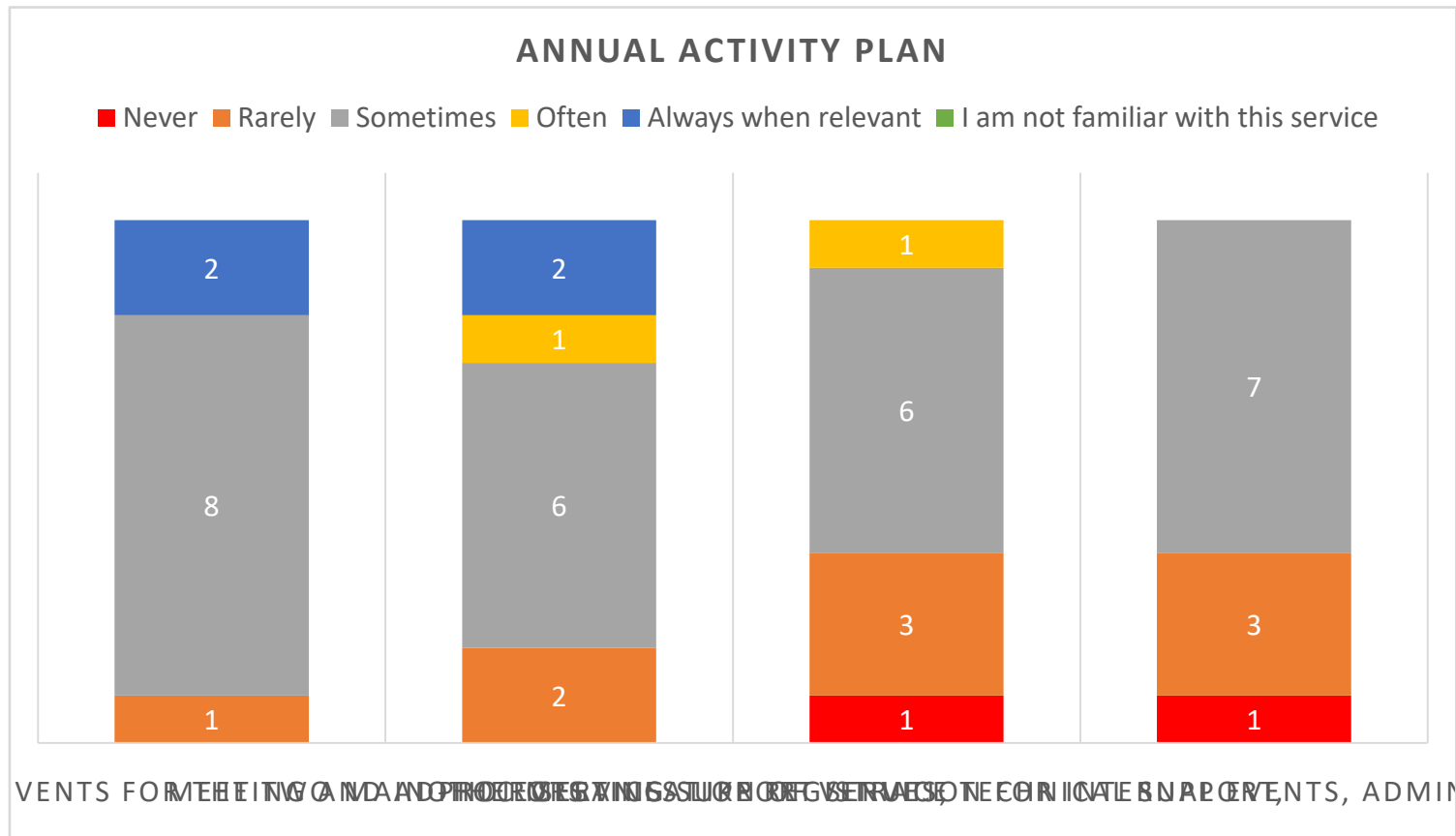
Replies concerning the way of initiating communication between partners and the EGTC highlight a twofold proactive approach coming from both sides.

	Myself
	My colleagues
11	Sometimes myself or my colleagues and sometimes the EGTC office
	Other bodies responsible for the cooperation (Region FVG, office in Štanjel, GODC in Slovenia) in our name
	Someone else... please specify the function or role of that person <i>Space for comment</i>

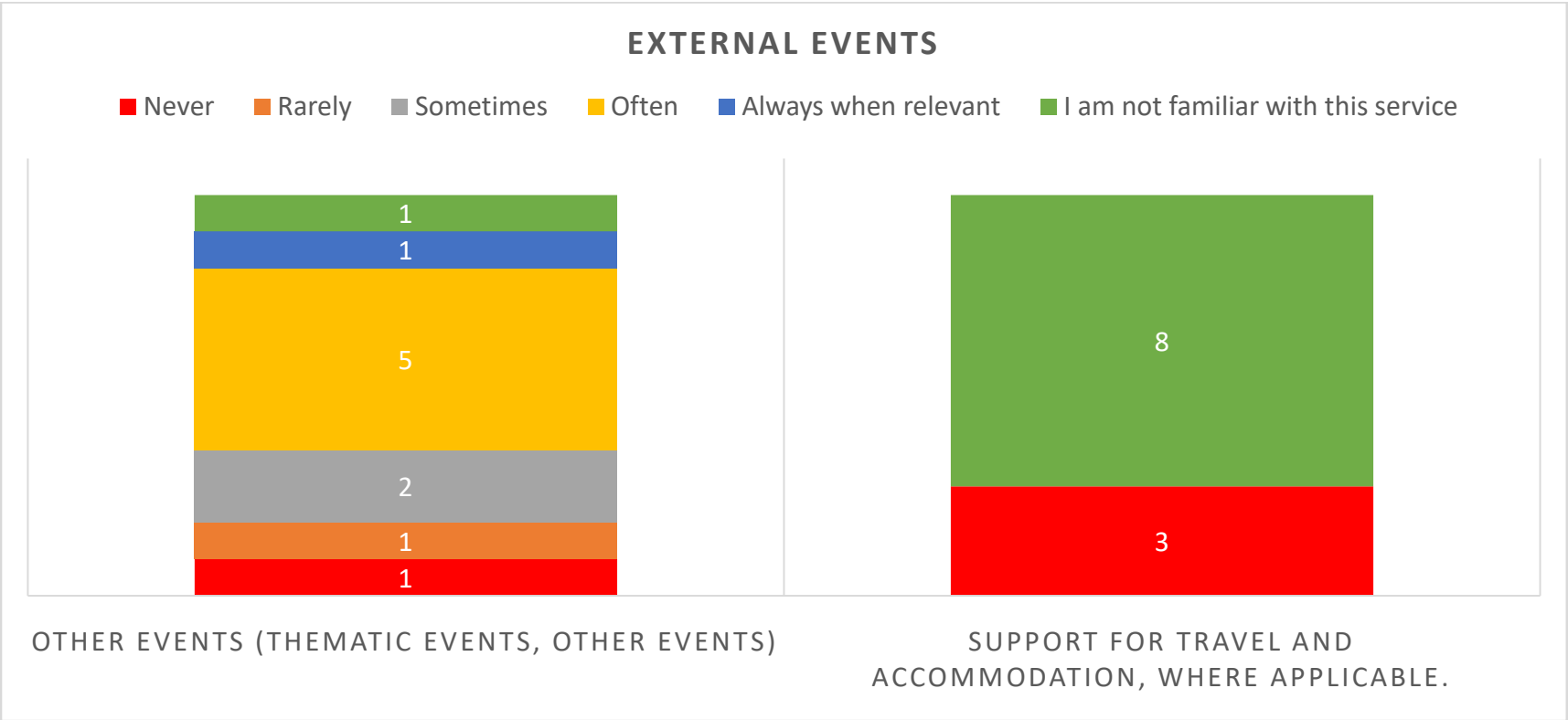
Looking at the use of the services of the EGTC for the support to internal and external, project management and communication, the answers of the participants demonstrated a good frequency of the interactions, albeit in a framework of fairly fragmented feedbacks.

**GRAPH 2 - Frequency on Common work on Internal Events**

Going in detail of the support to the events of the project activities, even in the specific features of the meetings and ad-hoc meeting support service, the organization of venues, technical support, and of the other services like registration for internal events, administrative, secretarial services, etc., we can see that the frequency of EGTC support was indicated by respondents with a value mostly referred to the average level of the scale. There is a positive feedback, but there is also room for improvement.

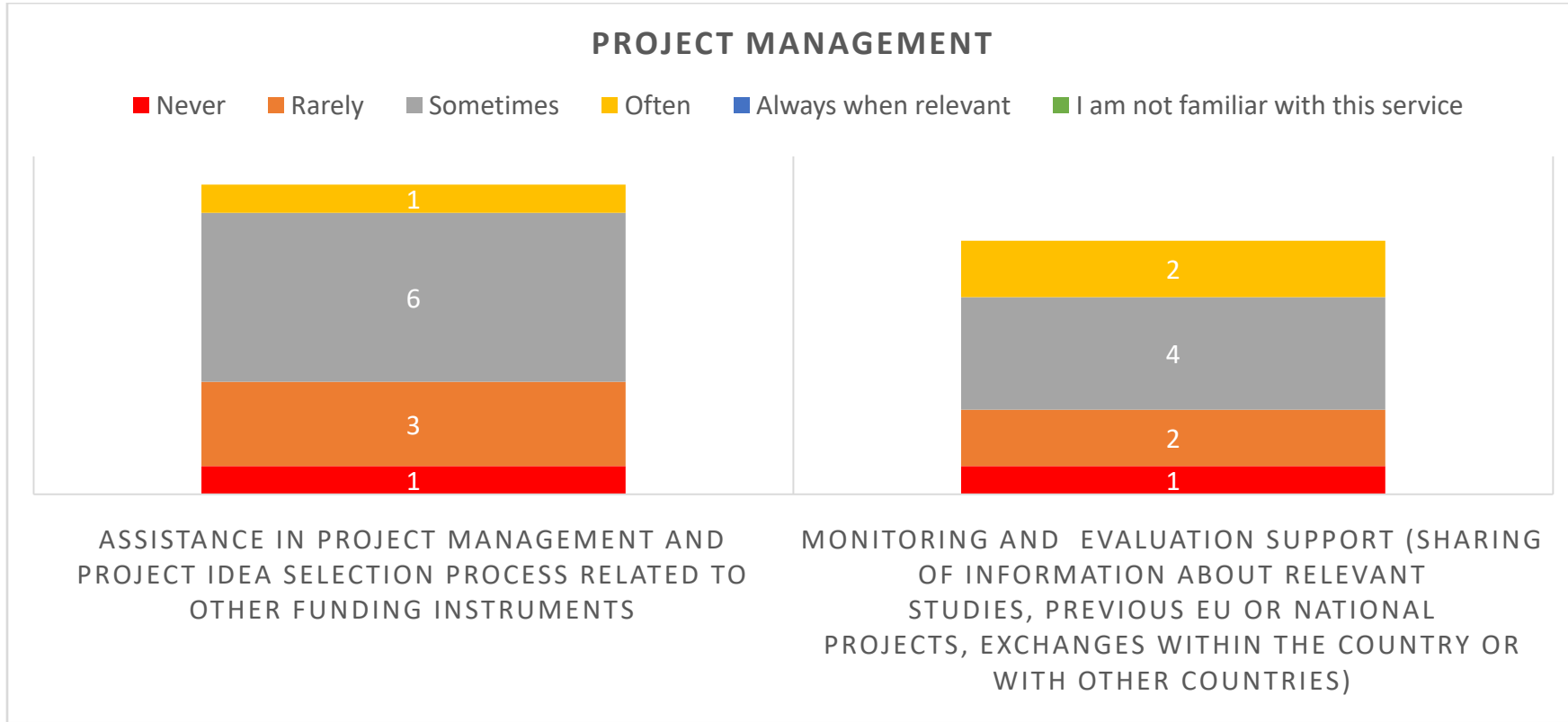


**GRAPH 3 - Frequency on Common work on External Events**



**GRAPH 4 - Intensity of work on Project management**

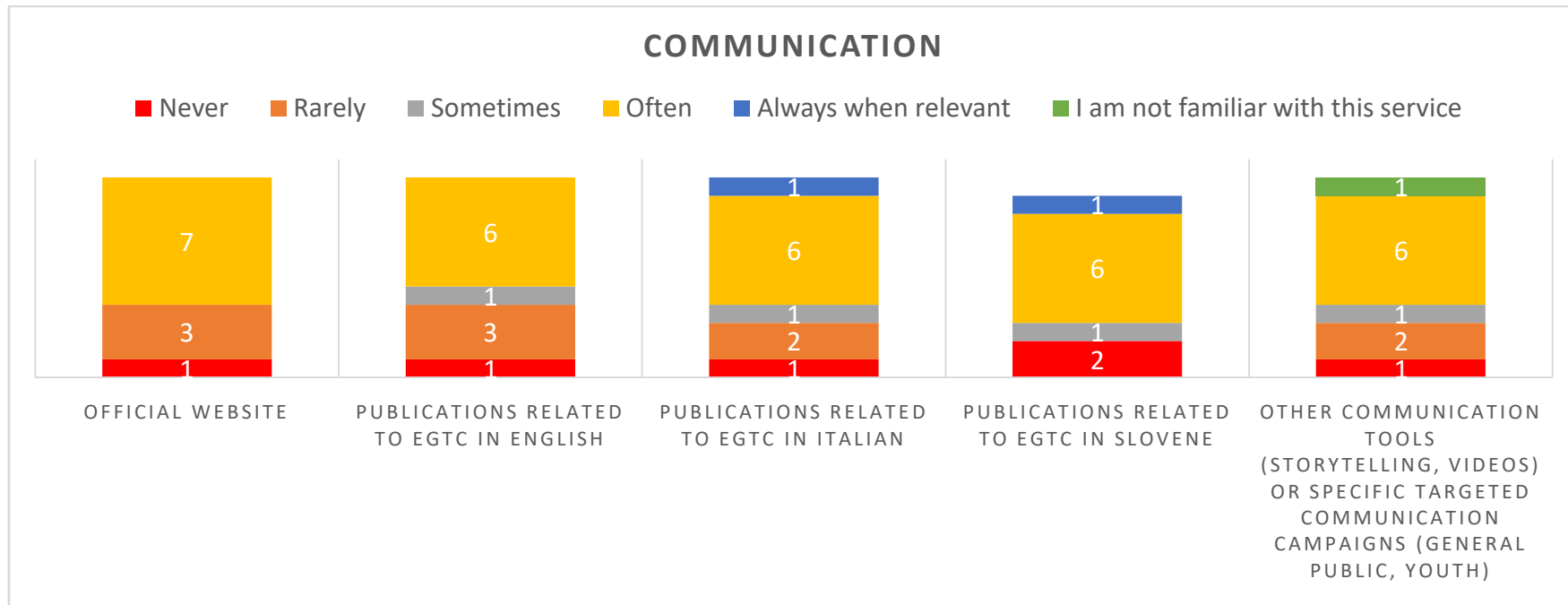
The feedback on project management shows room for improvement, albeit in a general positive response: recourse to EGTC services in project management was requested sometimes or often.



The same frequency of interaction emerges from the graphs referred to external events and project management, while partners more often asked for EGTC support in the field of communication.

**GRAPH 5 - Intensity of work on Communication**

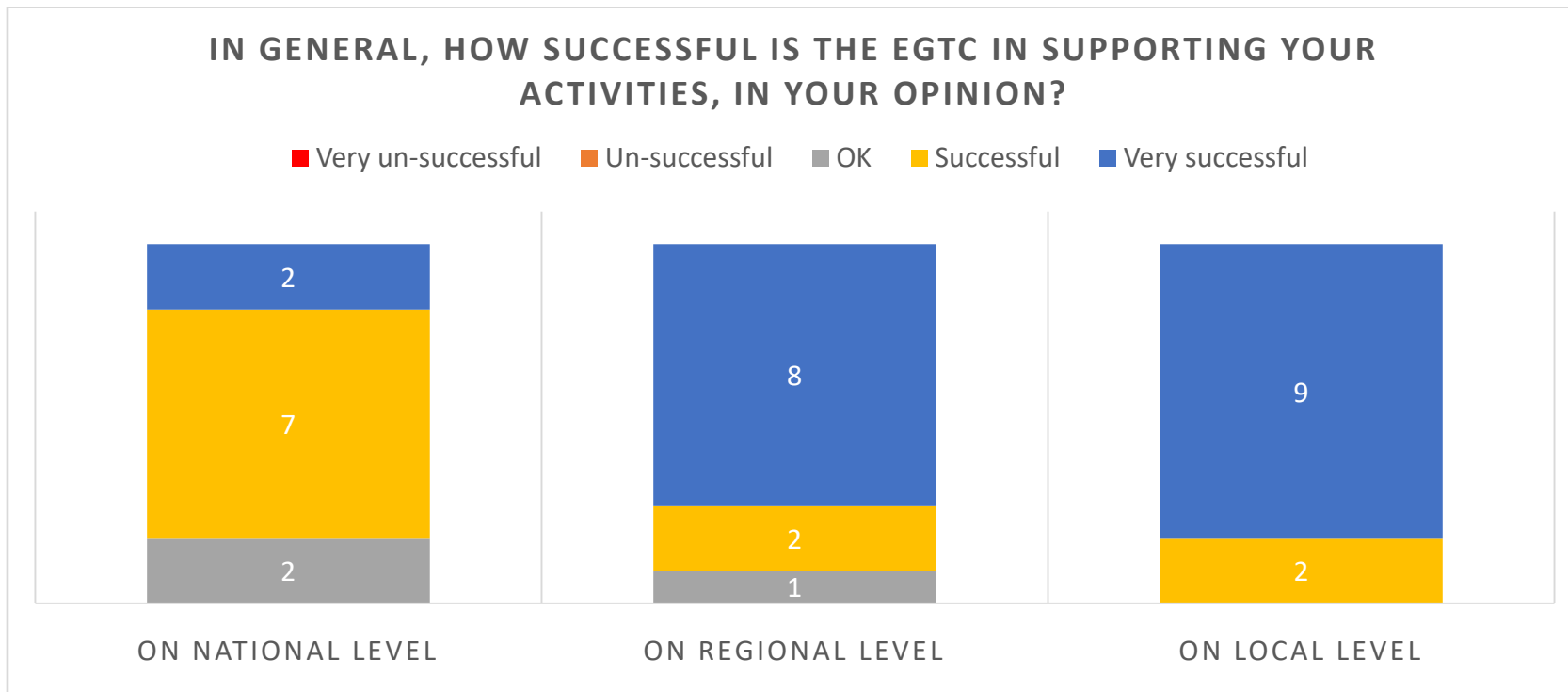
The Website communication, publications and other communication tools were in focus (in English, in Italian, in Slovene). The outcomes show that the predominant tool is the website, all other communication channels (publications in English, in Italian, Slovene) have collected almost the same feedback. The feedback shows regular consultation (they are often used) and there is the whole span of users (some even admit never using the communication tools). This depends also on the focus of the participants, during the interviews some admitted being more interested just in a small part of the ITI projects (depending on their thematic focus) and using other more direct channels to keep in touch with colleagues (emails, phone calls and similar).



**GRAPH 6 - Success of EGTC-GO in supporting initiatives**

The overall feedback on how successful proved the EGTC in supporting partners' activities, demonstrates a significant level of satisfaction, as shown in the following graph.

The focus was on the analysis on national, regional and local level. The outcomes show a very positive feedback, most of the participants confirmed that the EGTC-GO is very successful in supporting the activities on regional and local level whereas on national level the appreciation is a bit lower but still positive.



## 8.2 Closing remarks

Based on the list of questions proposed at the very beginning of this Thematic Report, the assessment on the governance has provided the following results:

### 1) Effectiveness

The projects have achieved their results with a certain delay so far but they are on their way and they will potentially achieve all the foreseen results before the project end date.

For the Isonzo-Soča project, the building of infrastructure has suffered from technical delays and for the changing prices of services in the construction and real-estate market. However, hopefully all obstacles have been and will be overcome and all the lots of work will be completed within the project's end date.

### 2) Efficiency

The works were planned in times of the financial crisis. **The funds allocated to pilot actions were sufficient. Afterwards, market conditions and prices changed through the years, bringing a significant increase in the costs of the infrastructure works and construction services.** However, thanks to the common work done some scale economies were created.

It is difficult to propose alternative project models to achieve similar or better results in a more efficient manner: for both projects, by working together costs and timings have been harmonized, implementation has been shorter and more efficiently managed (minor loss of time).

### 3) Coverage

Both projects reached the populations in the region via activities put in place had a positive impact on the local population. In project Health, **there was a valorization of participatory local development.** For the Isonzo-Soča project, infrastructures will be used by both the residents and the tourists, so the impact is potentially even larger.

Target groups were given adequate opportunity to access project activities, there was no "a priori" exclusion and the work was open for the general public in both projects. Concerning the infrastructure, tenders were carried out with the requested procedure, according to EU standards.

Both the territories in two different countries (on both sides of the border) were given adequate access to project activities. There were no complaints in the interviews by the municipalities officials or other people included in the sample, the outcomes of the interviews were rather positive and sometimes enthusiastic about the new activities and new links between the territories. There is an increase and deepening of cross-border everyday collaboration and governance.



The sole beneficiary had to overcome legislation obstacles (different laws apply in different countries for the infrastructure works) and although being time-consuming those were overcome.

**The issue of language is very important and a lot of efforts were made to maintain the equality in this aspect. The need for language courses came out and several initiatives were put in place for the better use of both the languages in many institutions (during interviews courses/initiatives for municipalities' staff, social workers, people active in NGOs and associations were mentioned). The need for language courses and language mediation or translation was mentioned in many interviews. In this terms an additional allocation of funds could be needed in the future to improve mutual knowledge of the two languages.**

#### **4) Relevance**

The project objectives proved to be consistent with beneficiaries' needs, this was granted already in the preparatory phase. In the interviews the need to deal in the future with common issues in mobility, tourism, strategic spatial planning, creative industries and culture was expressed.

The projects even at this stage already seem relevant in the current context in the territory of the three Municipalities. The challenge is how to capitalize the experience gained so far and upgrade it with new and enlarged scope in the future.

**Concrete solutions for improving multi-level governance were obtained in merging different topics like social work and health-care (already applied in Italy, under testing in Slovenia) together and in joining forces in the planning within the three municipalities. Also joint trainings and comparisons with other hospitals in Northern Europe brought new methodologies and a multi-level approach in health-care (working on prevention, care and post-intervention care).**

#### **5) Sustainability**

Even if sustainability needs to be assessed and monitored in the medium-long term, the benefits are likely to continue after funding ends because of the cooperation put in place on daily-level and because of mutual impacts on policy level. This is mainly valid for the health project but extends also to the infrastructure built up in the cross-border area that will stay in place and be used by locals and tourists. Looking specifically at the health sector, the benefits of the activities will continue in the future because of the links established, the additional infrastructure built with national funds and because of the activities offered to the local population.

The EGTC-GO/sole beneficiary might not be able to continue with the project without the Programme funds but it was shown that the projects attracted also limited additional local, national and EU funds. There was an additional investment on health infrastructure by the two countries and some EU projects. Some occasions on transnational level rather than on a purely cross-border one were missed with the exception of a project financed by Interreg Europe on mobility, two projects funded

by the Association of Border Regions, at the time of the drafting of this Thematic Report and two other potential projects in the pipeline (Urban Innovative Actions and European Cultural Capital).

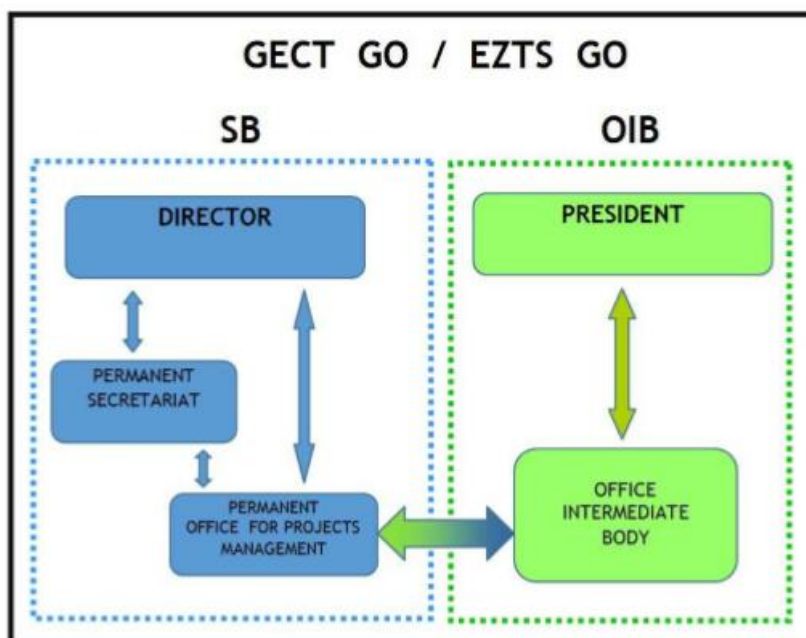
**In terms of capacity of networking, a lot has been done on local and regional as well as on national level.** Possibilities on transnational or thematic programmes have not been fully exploited. The authorities are still waiting for the outcomes of the call for European Cultural Capital and UIA (due by the end of 2020) but more could be done in the future. **The capacity of networking going beyond the present and pending projects and exploring further EU networking on transnational and macro-regional levels are a potential for the future.**

The EGTC-GO/sole beneficiary will be able to keep a high standard of program quality without or perhaps with a different contribution of the Interreg Italy-Slovenia Programme if it keeps the structure and experienced staff.

**The EGTC-GO has proven to be an institution providing a solid framework for cooperation and as such is well suited for the development and implementation of a wide variety of projects and policies. The future actions could focus on projects in the field of mobility, tourism, strategic spatial planning, creative industries and culture.**

### 8.3. Conclusive statement on EGTC, Intermediate body (IB) and Sole beneficiary (SB)

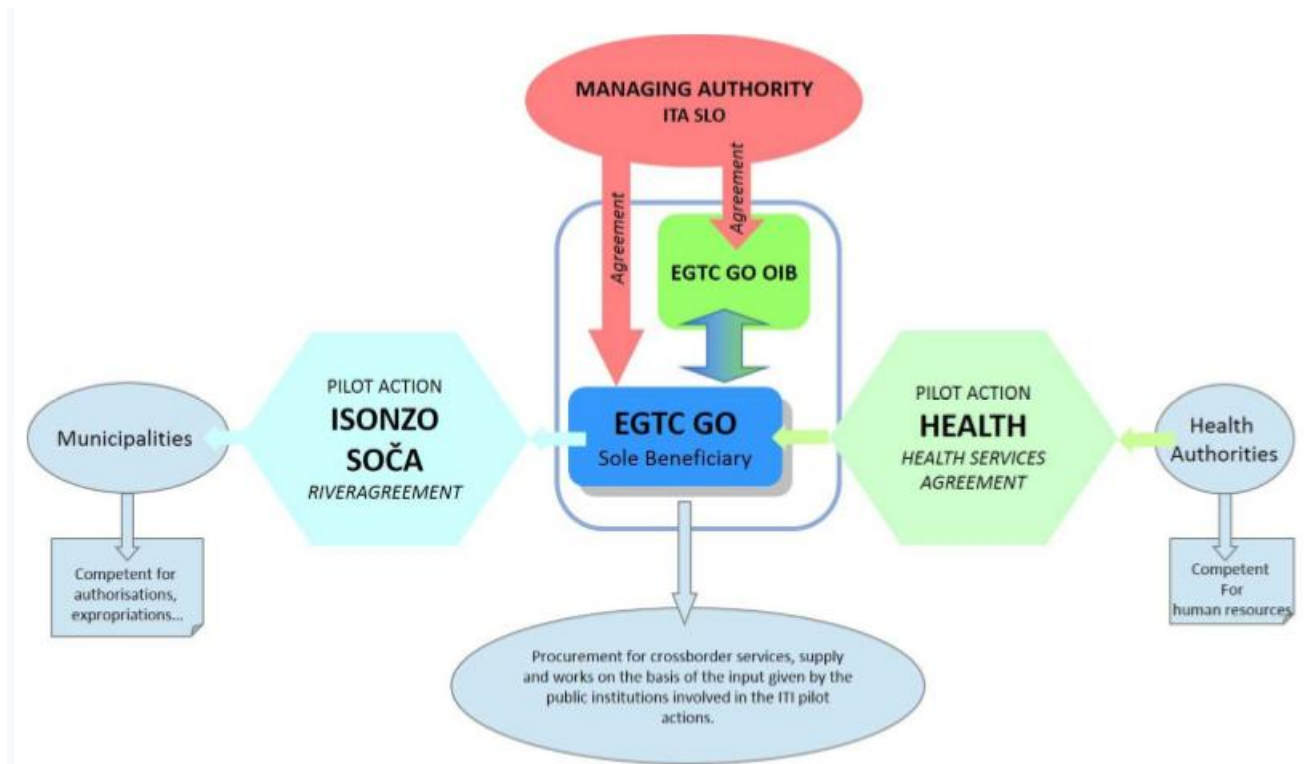
It is worth reminding that the EGTC, because of its engagement within the Programme in two functions, IB and SB, has adopted a subdivision of tasks ensuring internal functional separation. In compliance with the Programme, the ITI projects are therefore implemented by the SB while the Office for Intermediate Body (OIB) in the role of IBs in charge of specific delegated activities (selection, monitoring and evaluation of the actions), in line with the provisions of Art. 11 of the Regulation (EU) No 1299/2013. Within the EGTC GO, the Office for Intermediate Body, acting as IB, is functionally independent from the Permanent Office for the Projects Management acting as SB in implementation of ITI pilot actions.



The functional independence of the IB is enshrined in Article 8 of EGTC GO's Internal Organization Regulation where it is foreseen that the same employees, incarrying out both functions, either respond to the Director or to the President, respectively when implementing SB or IB function.

The adoption of the described model was set out in the Operational Programme, after strategic considerations on its strengths and weaknesses .

This model, represented in the figure below, gives evidence of the close interactions occurring within the same restricted organizational context, with risks of overlaps and mixtures.



As far as the IB is concerned, there is no doubt that the establishment of whatever additional new administrative body/ structure implies additional costs. However, additional costs should hopefully be compensated by an added value in various specific aspects.

The evaluator assessment have to consider in his analysis quantitative or qualitative elements. The quantitative aspects are the progress of the expenditure, the physical implementation progress of projects, their compliance to the foreseen time-schedules. Qualitative elements are: organizational solutions adopted, the level of performance achieved and a prospective consideration on long-term outcomes rather than only on immediate outputs.

In this sense, the overlap between EGTC, IB and SB is a matter of fact, due to the limited number of staff available within the entire EGCT structure and to the natural limits of functional separation within whatever organisation.

The EGCT, the IB and the SB within the same organizational context, with the same staff and skills necessarily are three different but closely interrelated functions of the same organisation. This organizational choice may display advantages and critical aspects at the same time. The mentioned interaction, in fact, can lead both to overlaps, on one hand, and to completion/completeness of an organic action, on the other hand.

From interviews –the most suitable tool to grasp qualitative elements –emerges appreciation on a single-competence-centre overseeing the programming-management-implementation-monitoring cycle performing in line with the expected objectives (i.e. the objectives of the two ITI projects).

The interaction among the three functions (EGCT, IB and SB) results in some advantages in terms of territorial governance, partnership involvement, creation of long-lasting relationships with local stakeholders. Those positive aspects are not clearly assessed in the short term but can show their impact in the medium and long term far beyond the period of Programme implementation. Moreover, an effective assessment must take into consideration the levers of structural development, as rationale of the whole Cohesion Policy, whose impact is much more likely to be visible in the long term after Programmes closure. *Mutatis mutandis*, the interaction impacts, likewise investments by a company on research and development, can represent a cost in the short term but are an essential strategic element supporting competitiveness in the long term.

On the other hand, this does not mean that the current organizational structure of IB and SB within an EGTC is the best possible nor that this model cannot be improved and fine-tuned even in the years to come.

Looking at the governance of the EGTC, the IB and the SB, the overlaps seem to be excessive and the functional division blurred. Moreover, it seems feasible to achieve the same objectives and performance levels even if the only actor would have been the SB.

However, the assessment herein (based for a big part on interviews) is likely to be unbalanced, mostly pending on qualitative aspects, which by their nature, are discretionary. On the other hand, however, qualitative assessment allow predictions and recommendations even though in absence of alternative scenarios on which setting a quantitative comparison.

The question remains the following: is an administrative action (even implying an interaction with the territorial partnership) managed by a central government more efficient than one implemented through local governments closer to local needs (or viceversa)?

Is more efficient a centralized institutional model or a model combining public policy competencies at regional or local level?

Or even, is a centralized, national managing authority within European Structural and Investments Funds more efficient than a model envisaging regional/ local Programs managing authorities?

The answer is not simple; especially in an evaluation process focused on a given period and on two ITI projects, which can be a quite “limited and small” experience. In very general terms, past experiences in the programming and management of European funds show that IBs are not always highly effective and efficient, as many administrative burdens are maintained on MAs, while IBs often have represented additional costs and additional procedures. In the EU, it can be noticed a progressive reduction of IBs from the programming period 2000-2006 to 2014-2020.

Additional costs and procedures coming from IBs should be balanced by a greater proximity to local and sectoral needs and to the territorial partnership.

In this specific case, it is possible to assume that the EGTC’s SB would have been able to interact with stakeholders and their needs even without the support of the EGTC’s IB. This would have allowed to reduce Programme investments on the IB, thus maintaining the procedural and relational costs on the MA in an ordinary MA-beneficiaries relationship. The team working in the two functions of IB and SB, would enhance its performance if devoted entirely to the SB.

The difficulty for the evaluator, however, lies in the absence of alternative comparative scenarios, because the action of the EGTC, both as IB and as SB, has developed in this specific time and territory, with conditions that cannot be easily replicated elsewhere but can only be imagined in other contexts.

In a nutshell: the SB has a foreseeable capacity to exploit the heritage, knowledge and experience background as well as the relational and analytical skills of the EGTC even without the contribution of the IB. Moreover, as far as management aspects are concerned, the outcomes of this analysis does not highlight any specific management practice or element allowing to determine a greater efficiency and efficacy than the ones at MA’s level..

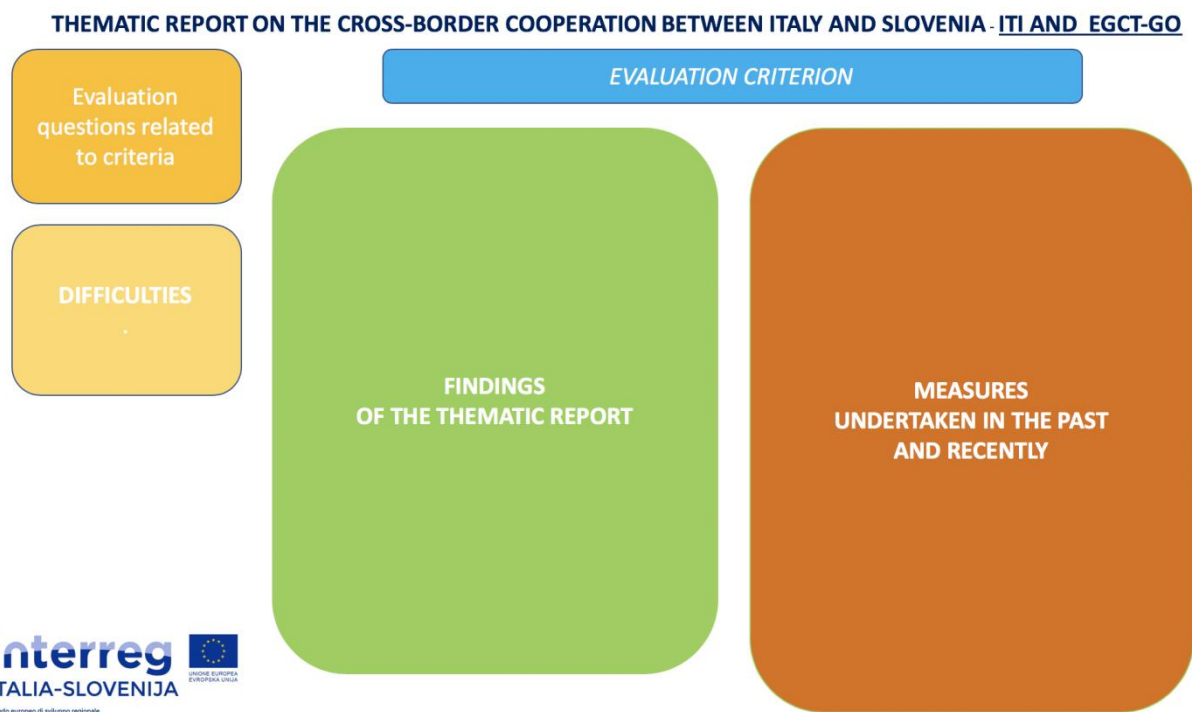
However, a comparison between MA and IB can be tricky, although this comparison has necessarily been done initially to support and back the initial strategic choice of adopting for the Programme the IB governance structure. Also, a deeper evaluation of successes and failures by the experimental EGTC IB and SB structure takes time; plus, and even longer time is needed to assess public policy outcomes far beyond the Programme implementation period.

Finally, with regards to governance, it is worth remembering that States like France (but also Italy) took decades, even centuries, to decide to change their macro-organizational institutional structure –to include beside Départements also the Regions, to merge 40% of the municipalities into larger local entities, and to abolish the administrative level of “provinces” setting up a new one, the one of “metropolitan cities”.

**A resume of recommendations, focusing on the different features of governance and performance mentioned above, is presented in section 8.4.**

## 8.4. Graphic representation of the closing remarks

*Reading Guidelines*





**THEMATIC REPORT ON THE CROSS-BORDER COOPERATION BETWEEN ITALY AND SLOVENIA - ITI AND EGCT-GO**

To what extent were the project objectives achieved?

Slow pace of implementation in the initial phase.

**EFFECTIVENESS**

The projects achieved their results with a certain delay but they are on their way and they will potentially achieve all the foreseen results before the ending date of the two projects.

The building of infrastructure has suffered from the technical delays and the changing prices of services that are closely related to the prices on the construction and real-estate market but hopefully all obstacles will be over-come and all the Lots of work will be completed before the end of the project.

The initial slow pace was possibly due to the strongly innovative element represented by the management structure: there could have been an underestimation of the running-in times of such a structure.

Once the structure has started effectively its work, the objectives have been pursued more effectively and with good chances of being achieved.

There are good prospects for the future. Giving continuity to the current structure could lead to a positive multiplier effect.

**THEMATIC REPORT ON THE CROSS-BORDER COOPERATION BETWEEN ITALY AND SLOVENIA - ITI AND EGCT-GO**

**EFFICIENCY**

To what extent were the results achieved with the most efficient costs?

Alternative project models that could achieve similar or better results in a more efficient fashion?

The discrepancy between forecasts and reality could stem from a lack of analytical and planning capacity.

The funds allocated to pilot actions were sufficient but were planned way before their use, the market conditions and prices changed through the years.

The costs of the infrastructure works increased but due to the common work there were also some economies of scale. The works were planned in times of the financial crisis and then the prices of construction services increased significantly.

Difficult to propose alternative models that could achieve similar or better results in a more efficient manner because working together costs are harmonized and even timing is shorter and more efficiently managed for all the implemented activities (minor loss of time).

Capacity to develop a close dialogue with territorial stakeholders in the light of policy shaping and implementation solutions on the ground depends on proximity, therefore a solution that would enable proximity between the authorities and the stakeholders is to be considered.



## THEMATIC REPORT ON THE CROSS-BORDER COOPERATION BETWEEN ITALY AND SLOVENIA - ITI AND EGCT-GO

### COVERAGE



To what extent did the project reach populations in the region?

Were all beneficiaries given adequate opportunity to access project activities?

Were both territories in the 2 different countries given adequate access to project activities?

The project reached the populations in the region via activities put in place for pregnant women, families dealing with autism, people in need of social counseling or psychological support etc. and in this sense the projects mainly had a positive impact on the local population. There was a valorization of participatory local development. The infrastructure, on the other hand, will be used by both the residents and the tourists so the impact is even larger.

Beneficiaries were given adequate opportunity to access project activities, there was no “a priori” exclusion and the work was open for the general public. Concerning the infrastructure, tenders were carried out and they were open.

Both the territories in two different countries (on both sides of the border) were given adequate access to project activities. There were no complaints in the interviews to the municipalities officials or other people included in the sample, the outcomes of the interviews were rather positive and sometimes really enthusiastic about the new activities and new links between the territories. There is an increase and deepening of cross-border everyday collaboration and governance.

The sole beneficiary had to overcome legislation obstacles (different laws apply in different countries for the infrastructure works) and although being time-consuming those were over-come.

The issue of language is very important and a lot of efforts were made to maintain the equality in this aspect. The need for language courses came out and several initiatives were put in place for better use of both the languages in many institutions (during interviews it was mentioned for municipalities' staff, social workers, people active in NGOs and associations). The need for language courses and language mediation or translation was mentioned in many interviews. In this terms an additional allocation of funds could be needed in the future.

**THEMATIC REPORT ON THE CROSS-BORDER COOPERATION BETWEEN ITALY AND SLOVENIA - ITI AND EGCT-GO**

**RELEVANCE**



To what extent were the project objectives consistent with beneficiaries' needs?

The project objectives showed being consistent with beneficiaries' needs, this was granted already in the preparatory phase. In the interviews the need to deal with common issues in mobility, tourism, strategic spatial planning, creative industries and culture was expressed.

The projects still seems relevant given the current context in the territory of the three Municipalities. The challenge is how to capitalize and upgrade them with new and enlarged scope in the future.

Concrete solutions for improving multi-level governance were obtained in merging topics like social work and health-care (already applied in Italy, under testing in Slovenia) and in joining forces in the planning within the three municipalities. Also joint trainings and comparisons with other hospitals in northern Europe brought new methodologies and a multi-level approach in health-care (working on prevention, care and post-intervention care).

To what extent is the project still relevant?

Consistency between beneficiaries' needs and actions implemented is paving the way to possible progresses in the policy making.

Changed socio-economic conditions, worsened in some periods, put additional pressure on the projects.



## THEMATIC REPORT ON THE CROSS-BORDER COOPERATION BETWEEN ITALY AND SLOVENIA - ITI AND EGCT-GO

### SUSTAINABILITY



To what extent are the benefits likely to continue after funding ends?

Even if sustainability needs to be assessed and monitored in the medium-long term, the benefits are likely to continue after funding ends because of the cooperation put in place on daily-level and because of mutual impacts on policy level. This is mainly valid for the health project but extends also to the infrastructure built up in the cross-border area that will stay in place and be used by locals and tourists.

Looking specifically at the health sector, the activities implemented - whether their sustainability will be demonstrated in the future - could be replicable in other similar territorial contexts.

To what extent is EGTC-GO/sole beneficiary able to continue with the project without funds?

The EGTC-GO/sole beneficiary might not be able to continue with the project without the Programme funds but it was shown that the projects attracted additional national and EU funds. There was an additional investment on health infrastructure by the two countries and some EU projects. Some occasions were missed because there was only one project funded from Interreg Europe on mobility and two projects funded by the Association of Border Regions.

To what extent is EGTC-GO/sole beneficiary able to keep a high standard of program quality without the same funds?

In terms of capacity of networking a lot has been done on local and regional as well as on national level. The possibilities on other transnational or thematic programmes have not been fully exploited. The authorities are still waiting for the outcomes of the call for European Cultural Capital and UIA (due by the end of 2020) but more could be done in the future. The capacity of networking going beyond the present and pending projects and exploring further EU networking on transnational and macro-regional level is a potential for the future.

The EGTC-GO/sole beneficiary will be able to keep a high standard of program quality without or perhaps with a different contribution of the Interreg Italy-Slovenia Programme if it keeps the same structure and experienced staff.

## 9. ANNEXES

### 9.1. Recap tables on the Questionnaires sent to the EGTC stakeholders –results on users' satisfaction

#### How often are you in contact with the EGTC?

	Never
	Less than twice a year
1	Twice a year
1	Once in every two or three months
3	Once a month
1	Once in two weeks
2	Once a week
3	Almost every day

#### Who is usually initiating the communication?

	Myself
	My colleagues
11	Sometimes myself or my colleagues and sometimes the EGTC office
	Other bodies responsible for the cooperation (Region FVG, office in Štanjel, GODC in Slovenia) in our name
	Someone else... please specify the function or role of that person <i>Space for comment</i>

#### How often (if at all) are you using/actively involved in the services of the EGTC?

	Never	Rarely	Sometimes	Often	Always when relevant	I am not familiar with this service
<b>a) Annual Activity Plan</b>						
INTERNAL EVENTS FOR THE TWO MAIN PROJECTS		1	8		2	
b) meeting and ad-hoc meeting support service		2	6	1	2	
c) organisation of venues, technical support,	1	3	6	1		
d) other services like registration for internal events, administrative, secretarial services, etc.	1	3	7			
<b>EXTERNAL EVENTS</b>						

e) Other events (thematic events, other events)	1	1	2	5	1	1
f) Support for travel and accommodation, where applicable.	3					8
<b>PROJECT MANAGEMENT</b>						
g) Assistance in project management and project idea selection process related to other funding instruments	1	3	6	1		
h) monitoring and evaluation support (sharing of information about relevant studies, previous EU or national projects, exchanges within the country or with other countries)	1	2	4	2		
<b>COMMUNICATION</b>						
i) Official website	1	3		7		
j) Publications related to EGTC in English	1	3	1	6		
k) Publications related to EGTC in Italian	1	2	1	6	1	
l) Publications related to EGTC in Slovene	2		1	6	1	
m) Other communication tools (storytelling, videos) or specific targeted communication campaigns (general public, youth) <i>Please, specify</i>	1	2	1	6		1

In general, how successful is the EGTC in supporting your activities, in your opinion?

	Very un-successful	Un-successful	OK	Successful	Very successful
On national level			2	7	2
On regional level			1	2	8
On local level				2	9

## 9.2. Example of form used for the Questionnaire

The Managing Authority of the Interreg Italy-Slovenia Programme has engaged external experts to carry out an evaluation on the ITI project and sole beneficiary in October 2019. This task is part of the monitoring and evaluation procedure of the Programme.

**We would kindly ask you to complete this questionnaire at the latest until 10 January 2020**

Based on your input, pieces of info will be inserted in a Report that will be prepared by the external experts.

Estimated time needed to complete the questionnaire: Max 30 minutes.

### 1. GENERAL INFORMATION

Please provide us with some general information about yourself:

Name	
Surname	
Institution	
Role in the structure (i.e. member of the group XY)	
Country	<a href="#">Choice between Italy and Slovenia</a>

### 2. CONTACT WITH THE EGTC – sole beneficiary

#### 2.1. How often are you in contact with the EGTC?

	Never
	Less than twice a year
	Twice a year
	Once in every two or three months
	Once a month
	Once in two weeks
	Once a week
	Almost every day

#### 2.2. Who is usually initiating the communication?

	Myself
	My colleagues
	Sometimes myself or my colleagues and sometimes the EGTC office
	Other bodies responsible for the cooperation (Region FVG, office in Štanjel, GODC in Slovenia) in our name
	Someone else... please specify the function or role of that person <a href="#">Space for comment</a>

### 3. THE USE OF EGTC SERVICES

#### 3.1. How often (if at all) are you using/actively involved in the services of the EGTC?

	Never	Rarely	Sometimes	Often	Always when	I am not familiar
--	-------	--------	-----------	-------	-------------	-------------------



					relevant	with this service
n) Annual Activity Plan						
INTERNAL EVENTS FOR THE TWO MAIN PROJECTS						
o) meeting and ad-hoc meeting support service						
p) organisation of venues, technical support,						
q) other services like registration for internal events, administrative, secretarial services, etc.						
EXTERNAL EVENTS						
r) Other events (thematic events, other events)						
s) Support for travel and accommodation, where applicable.						
PROJECT MANAGEMENT						
t) Assistance in project management and project idea selection process related to other funding instruments						
u) monitoring and evaluation support (sharing of information about relevant studies, previous EU or national projects, exchanges within the country or with other countries)						
COMMUNICATION						
v) Official website						
w) Publications related to EGTC in English						
x) Publications related to EGTC in Italian						
y) Publications related to EGTC in Slovene						
z) Other communication tools (storytelling, videos) or specific targeted communication campaigns (general						

public, youth)						
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3.1.1. Would you like to explain some of the answers provided above? Please, insert detailed information and reference to the relevant topic (e.g. a) the Annual Activity Plan)

3.2. In general, how successful is the EGTC in supporting your activities, in your opinion?

	Very un-successful	Un-successful	OK	Successful	Very successful
On national level					
On regional level					
On local level					

3.2.1. Could you highlight some reasons for your answer?

3.3. How satisfied are you with the support service

3.3.1. Could you provide reasons for dissatisfaction with one or the other service of the EGTC? Please, insert detailed information and reference to the relevant topic (e.g. a) the Annual Activity Plan)

3.4. In your opinion, is there a need for any additional service to be provided by the EGTC?

#### 4. EXISTING NEEDS RELATED TO THE EGTC

- This section comprises very open questions with some guiding topics for inspiration. Your answers could be related to your individual situation, to your institution, to your national structure, to the regional or local structure you are part of or another structure ...
- When you are answering, please indicate to which of the above you are referring to.
- If the suggested topics do not fit to your issue, you are very welcome to add your remarks in the “Other” section.
- In case any of the below listed topics is not relevant for you, just leave the space empty.
- When we will be processing these questionnaires, we will filter those issues that could be improved.

##### 4.1. Specific questions

###### GENERAL

- (1) What results did ITI projects achieve in the medium term applying the ‘sole beneficiary principle’ (that would not have been achieved within the framework of a cross-border cooperation project applying the Lead partner principle)?

(1a) What results did the Isonzo/Soča project achieve in the medium term applying the 'sole beneficiary principle' (that would not have been achieved within the framework of a cross-border cooperation project applying the Lead partner principle)?

(1b) What results did the Healthcare project achieve in the medium term applying the 'sole beneficiary principle' (that would not have been achieved within the framework of a cross-border cooperation project applying the Lead partner principle)?

**PROJECTS**

(2) Which additional projects have been started up (even not co-funded) within the EGTC?  
On which EU Programmes?

(2a) Which additional projects have been submitted and co-funded for the EGTC? On which EU Programmes?

(2b) How the EGTC contribute to set up and implement those projects?

(2c) Capitalisation of relevant projects: the cases of the pilot project CB PUMP and the pilot project XBORDER (their results could be used also in the area of EGTC GO for improving the mobility of workers).

Could you mention any other potential projects for capitalisation? Can you describe the added value?

**FUNCTIONING**

(3) Were the difficulties (linguistic, administrative, institutional) easier to tackle within this kind of structure with a sole beneficiary, compared to temporary solutions (project partnerships led by a Lead partner)?

(4) What is the effect in term of institutional learning, policy making, administrative simplification that results from these first years of close cooperation?

THEMATIC COOPERATION AND INTEGRATION

(5) Question for for the doctors of the medical teams focusing on the different specialties?/questions for the technicians in charge of setting up the cycling path

What is the effect of close thematic cooperation? Can you make concrete examples?

(6) Did the EGTCstructure contribute to further inter-municipal cooperation, foster also inter-regional or even national cooperation going beyond the original structure of the 3 municipalities?

(7) Did the structure contribute to cross-sectoral integration (more sectors working together and inter-acting in new ways, creating new projects or activities) going beyond the 2 pilot projects and creating opportunities for future strategic projects?

Can you mention some examples?

FUTURE

(8) ITI performances and institutional cooperation through the EGTC in the future:

(8a) What is working well, lessons learnt, how to improve in the near future?

(8b) Would you like to share some solutions/good practices you developed in your activities, that could be transferred/adjusted to other structures?

Thank you very much for your time and input.

### 9.3. List of sources

Association of European Border Regions  
<https://www.aebr.eu/en/index.php>

Barca Report

The Union and Cohesion Policy – Thoughts for Tomorrow, 2009  
[https://ec.europa.eu/regional\\_policy/archive/policy/future/barca\\_en.htm](https://ec.europa.eu/regional_policy/archive/policy/future/barca_en.htm)

#### BILATERAL AGREEMENTS

Udine Agreement , forming part of a wider package of agreements signed in 1956 (Government of the Federal People’s Republic of Yugoslavia, 1956).

Convention on social affairs between Italy and Slovenia from 1999 (Government of Slovenia, 1999).

#### EGTC website relevant info

<https://euro-go.eu/sl/chi-siamo/storia-del-territorio-e-del-gect/>

<https://trasparenza.euro-go.eu/it/organizzazione/articolazione-degli-uffici/>

<https://trasparenza.euro-go.eu/sl/disposizioni-general/atti-general/>

#### European Green capital

<https://ec.europa.eu/environment/europeangreencapital/winning-cities/2016-ljubljana/>

#### European Commission

EC Orientation Papers for 2021-27

#### Functional Urban Areas

Definition of Functional Urban Areas (FUA) for the OECD metropolitan database, OECD September 2013

#### INTERACT PROGRAMME

Interact video-conference on “Bringing Territoriality into Interreg, April 2020 registration available at the INTERACT Programme website  
<http://www.interact-eu.net>

#### InterregItaly-Slovenia Programmeprojects

<https://interreg.eu/programme/interreg-italy-slovenia/>

Data base 2007-13:

[http://2007-2013.ita-slo.eu/progetti/progetti\\_2007\\_2013/](http://2007-2013.ita-slo.eu/progetti/progetti_2007_2013/)

Data base 2014-2020:

<http://new.ita-slo.eu/en/projects/founded-projects>

#### Interreg Italy-Slovenia Programmeresults

[Brochure on inter-institutional cooperation in the Health sector](#)

Medinstitucionalnosodelovanjenapodročjuzdravstva – Cooperazioneinteristituzionalenel campo della salute: Predstavitevrezultatovprojektov v okviruProgramasodelovanja INTERREG V-A Italija-Slovenija 2014-2020/  
Presentazione deirisultatideiprogettinell'ambitodelProgramma di cooperazione INTERREG V-A Italia-Slovenia 2014-2020

OECD website, infos related to Functional Urban Areas :

<https://www.oecd.org/cfe/regional-policy/Slovenia.pdf>

<https://www.oecd.org/cfe/regional-policy/Italy.pdf>

Definition of Functional Urban Areas (FUA) for the OECD metropolitan database, OECD September 2013

Place based approach:

<https://www.cairn.info/revue-l-information-geographique-2015-1-page-72.htm#>

[https://ec.europa.eu/regional\\_policy/sources/policy/what/territorial-cohesion/territorial\\_agenda\\_2020\\_practice\\_report.pdf](https://ec.europa.eu/regional_policy/sources/policy/what/territorial-cohesion/territorial_agenda_2020_practice_report.pdf)

Patient mobility:

Report for the European Commission on MEMBER STATE DATA on cross-border patient healthcare following Directive 2011/24/EU, Year 2016 by Health Connect Partners and Empirica

Document COM/2018/651 final as evaluation on implementation of the Directive 2011/24/EU

La mobilità dei pazienti all'interno dell'UE, Centro Europeo Consumatori Italia, ufficio di Bolzano

Patient Mobility in the European Union - Learning from experience, collection of case studies ed. by R. Rosenmüller, M. McKee, R. Baeten by World Health Organization 2006, on behalf of the Europe 4 Patients project and the European Observatory on Health Systems and Policies

[https://zavarovanec.zzs.si/wps/portal/portali/azos/pravice\\_zdravstvenih\\_storitev/pravice\\_zdravljenje\\_tujina!/ut/p/z1/04\\_Sj9CPyksy0xPLMnMz0vMAfIjo8zizQx8HT08DQw9LPyc3Aw8jYMtPD0DLQ0NjAz0C7IdFQEabHWR/](https://zavarovanec.zzs.si/wps/portal/portali/azos/pravice_zdravstvenih_storitev/pravice_zdravljenje_tujina!/ut/p/z1/04_Sj9CPyksy0xPLMnMz0vMAfIjo8zizQx8HT08DQw9LPyc3Aw8jYMtPD0DLQ0NjAz0C7IdFQEabHWR/)

World Health Organisation- Urban Health and Sustainable Development

<https://www.who.int/sustainable-development/cities/en/>

## 9.4. Reflections on Functional urban areas and introduction to OECD methodology

The INTERACT Programme consider the OECD methodology as being relevant to introduce the notions of “functional areas” and “territorial scales”.<sup>28</sup> The European Organisation for Cooperation and Development (OECD) and the European Commission have jointly developed a methodology to define functional urban areas (FUAs) in a consistent way across countries. Using population density and travel-to-work flows as key information, a FUA consists of a densely inhabited city and of a surrounding area (commuting zone) whose labour market is highly integrated with the city (OECD 2012).

The ultimate aim of the OECD-EU approach to functional urban areas is to create a harmonised definition of cities and their areas of influence for international comparisons as well as for policy analysis on topics related to urban development.<sup>29</sup>

The area that includes the three municipalities of Gorizia, Nova Gorica and Šempeter-Vrtojba, although a homogeneous urban area, has not been inserted in the list of major FUAs.

The OECD, in collaboration with Eurostat, has developed a three-step procedure to define FUAs. In the first step of the procedure, the population data are used to define urbanised areas or ‘urban high-density clusters’, ignoring administrative borders. In the second step of the procedure, the centrality of the area is being analysed (the flow of commuters is used to establish the gravitational centre(s)). This leads to the identification of connecting non-contiguous cores belonging to the same functional urban area and thus allows also to identify polycentric areas. In the third step of the procedure, the urban hinterlands are identified. In this procedure four types of FUA could be identified (small, medium, metropolitan and large metropolitan urban areas). More info on the OECD and Eurostat methodology can be found in Annex 7.2 of OECD 2012 study.

The cross-border area of the three municipalities could be considered as a small functional cross-border urban area, as the OECD study foresees that a functional urban area is the center of commuting flows. Hence for the 3 municipalities area the definition of “functional urban area” could be applied, provided that commuting flows show a territory centrality. The area contains challenges and potentials for developing urban cross-border public services. The ITI projects were designed as efficient interventions tailored to the peculiarities of Gorizia-Nova Gorica functional territory, promoting place-based territorial approach. More information on the concrete activities implementation is described in the next chapters.

### **OECD methodology and territorial indicators**

Stemming from the considerations above, it can be deduced that the cross-border area could benefit from an analysis on the indicators considered by the OECD: the indicators will have

to include also environmental and innovation topics and potentially some actors that have so far not been included in the analysis of the cross-border cooperation, like academia, tech-parks, incubators, companies and other actors in innovation system.

Another issue that could be considered is the dependency of the cross-border area versus the other surrounding areas (medium-size urban areas and metropolitan areas), checking the sectors where this inter-dependency is more consistent.

More information, maps and a list of functional urban areas in the territory covered by the Interreg Italy-Slovenia Programme and more widely on the two national territories can be found in the OECD documentation consulted and on the OECD website.

### **Conclusions on FUA**

The area of the three municipalities within the EGTC (Gorizia, Nova Gorica and Šempeter-Vrtojba) has not been inserted in the list of FUAs, neither respectively at national level nor cumulatively.

In geographic terms, the urban centres closest to the cross-border EGTC are middle-sized urban areas (Trieste and Udine) and the closest metropolitan area is the FUA of Ljubljana. The closest metropolitan area in Italy is the FUA of Venezia. This is an important element to evaluate in terms of inter-dependency between metropolitan urban centres and the remaining territory.

Nevertheless, the issues taken into consideration by the OECD by studying the FUA, are worth considering also for the cross-border EGTC. The OECD analysis focuses on indicators for population, GDP, availability of jobs, labour force, commuting habits but also on environmental and innovation indicators like the availability of green spaces, air pollution and number of patents. The indicators define “functional urban areas” as central areas to commuting habits and with high accessibility of work places. All the aforementioned indicators are interesting for the analysis of the EGTC area and interesting as well as topics of potential common projects in the near future.

### **Interreg Cross-border functional areas**

The INTERACT Programme suggests for the next programming period to go beyond the concept of a cross-border functional area related only to an administrative boundary (usually a common national border or the territory of a NUTS area). Cities, rivers and other geography elements become an important issue in planning common actions. This is very important for the cross-border area considered in this Thematic Report because of the existence of the Isonzo/Soča riverbed and other towns and urban centres in the proximity of the 3 municipalities already involved. The European Commission in its interventions for the INTERACT Programme and in the Orientation Papers<sup>30</sup> for the new programming period also underlines that the cross-border functional areas may depend on the topic (e.g. education, health or transport) have a different territorial impact than cross-border cooperation on



purely local issues). This means that the extension of the area of a “cross-border functional area” depends also on the main topics of this kind of cooperation: for instance, if issues that require bigger urban areas are involved, this needs to be taken into consideration in the programming phase. Due to the smaller envelope of funds devoted to territorial cooperation for the next programming period, it is essential that measures have a clear added value.