WORKING GROUP
CONCEPT NOTE

Health

Project reference:
2022CE160AT123

HARNESSING
TALENT
PLATFORM

A new boost for EU Regions

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1. Background

Europe's health and care systems face serious challenges, which include health workforce shortages and ageing[1]. The healthcare and long-term care (LTC) systems across the Member States are under increasing pressure, as demonstrated during and aggravated by the COVID-19 pandemic. Therefore, public spending on health and long-term care is steadily rising in EU Member States and is expected to continue to do so[2].

In 2020, 7% of all persons employed in the EU and 4% of the EU population worked in health occupations[3]. Projecting the future, this number will even have to increase as the number of elderly people is likewise increasing, generating a rising demand for qualified health and LTC personnel. For example, the number of EU citizens requiring LTC is expected to grow from 19.5 million in 2016 to 23.6 million in 2030, and to 30.5 million in 2050. Such an increase in demand for services will inevitably lead to a rise in demand for LTC workers across EU health services. Overall, it is predicted that the EU-27 will need 10.9 million newly trained or imported health- and LTC workers until 2030, as a skills and labour shortage in the healthcare sector can be found in many regions across EU member states.[4]

The shortage of healthcare workers found in many regions and countries is also linked to economic and demographic factors such as the emigration of health workers to other countries or regions offering better conditions as well as the lack of sufficient policies to attract and retain health workers in rural and remote areas.

Southern and Eastern European countries are most impacted by the high labour mobility of health professionals[5], which can be attributed to differences in working conditions between countries in the North and West of Europe compared to those in the East and South. This tendency can be further explained by budgetary constraints that result in limited investment in health services and their workforce. Additionally, rural and remote regions are confronted with greater difficulties when it comes to the recruitment and retention of healthcare workers, which has implications for the access and availability of health services in these areas[6]. Member States and regions that show the biggest shortages must improve the working conditions of healthcare workers to encourage lower attrition rates and attract further talent. This must be accompanied by measures to invest in skills and promote work-life balance, flexibility and access to training[7].

Understanding the push and pull factors affecting healthcare workforce retention is essential for guiding the development of evidence-based policies and interventions. In general, push factors are characteristics of the sending country or region, while pull factors are characteristics of the receiving country or region. The below table summarises some of the most common push and pull factors that can cause workers to move.

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[1] https://ec.europa.eu/newsroom/dae/document.cfm?doc_id=51628
[2] https://economy-finance.ec.europa.eu/publications/joint-report-health-care-and-long-term-care-systems-fiscal-sustainability_en
[3] https://ec.europa.eu/eurostat/documents/4187653/11571499/Health_workers_2020Q3NP-01.png
[4] https://publications.jrc.ec.europa.eu/repository/handle/JRC121698
[5] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_personnel_statistics_-_physicians&oldid=460643
[6] https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00643-7
[7] https://www.epc.eu/en/publications/Addressing-the-challenges-of-the-healthcare-workforce-Ensuring-the-fu~4db494

Table 1: Most common push and pull factors

Push factors	Pull factors
High (youth) unemployment	High(er) employment rates
Low wages	High(er) wages
Poor working and living conditions	Better working and living conditions
Limited career opportunities	Career advancement

The increased mobility of health professionals can lead to or escalate several problems, such as skills shortages, which affect the health systems of the EU.[8]

In general, a declining share of tertiary educated labour force leads to decreased human capital and decreased economic growth. A declining share of tertiary educated labour force in the health sector, as experienced in some EU regions and/or professions (eg. nursing and care-taking staff), also leads to an additional strain on healthcare and LTC systems, and in fact, can jeopardise both, the provision of healthcare and the well-being of the population. This pressure is expected to be exacerbated due to the ageing population of the EU[9], as it entails the need to adapt our health systems to accommodate the increased demand for accessible and affordable quality health care and LTC.

As recognised by the EC Communication "Harnessing Talent in Europe's Regions", an equal access to quality services and infrastructure, such as health- and LTC, plays a crucial role in the global competition to develop, attract and retain talent. However, by 2050 about 30% of the European population will be over 65, and it is expected that there will be fewer than two working age adults for each elderly person (Old age dependency ratio projected to be 56.7%). Regional differences can be found in terms of the median age of the population: while the median age across the Member States was 44.1 years at the beginning of 2021, the median age in some countries can be as high as 47.6 in Italy. Additionally, also regional disproportions in the number of healthcare workers can be observed across the EU27. For example, in the number of doctors per hundred thousand inhabitants: 20.5% of the regions have less than 300 doctors and 7.4% have more than 600[10]. Moreover, the median age continues to rise in EU countries, as it has increased by 2.5 years over the ten years between 2012 and 2022.[11] Therefore, the communication also recognises the silver economy as one of the sectors that can improve the socio-economic conditions of regions facing a talent development trap.

In order to build a more resilient healthcare system, it is essential to make the sector more attractive by improving working conditions as well as the level of pay, both of which play a role in the increase of shortages in the sector.[12] Improving wages, designing new flexible working/service delivery models and overall creating better working conditions for health workers can therefore be considered as one of the main challenges when seeking to address the talent development trap in this sector. Additionally, fostering locally relevant medical and paramedical training and research can lead to an improvement of the overall quality of life within the region as well as enhance the attractiveness of the region for healthcare professionals and students and improve the motivation of health workers through better prospects for career development. The cluster of five -going projects under the Third Health programme

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[8] https://eurohealthobservatory.who.int/themes/health-system-functions/human-resources/mobility-of-health-professionals
[9] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0241&from=EN
[10] https://db.nomics.world/Eurostat/tgs00062?offset=10
[11]https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing
[12] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0241&from=EN

supports Member States in solutions to retain health workers, optimising their skills through task sharing and attracting and retaining health professionals to areas with lower availability of health workers, the so-called medical deserts. The health sector also faces significant challenges in upskilling and reskilling its workforce due to rapid transformations, workforce shortages and a shifting skills demand. The EU considers it as essential to develop skills that support the sector's digital transformation, its preparation for the green transition as well as the development of other competences including logistics, management, communication, patient engagement, cross-sectoral collaboration, and leadership[13]. Through initiatives such as the EU Large-Scale Partnership for the health ecosystem[14], it seeks to prepare the health workforce for these societal challenges through lifelong learning. This collaboration partnership will develop a Skills Strategy for health workers, innovative curricula and a, pilot training programmes for health professionals. Special emphasis will be placed on nurturing skills related to sustainability (green skills) and digitalisation. The EU4Helath programme supports also 7 training projects of European scope investing in digital skills of health workers.

The digitalisation of the health sector is key as it can increase the well-being of millions of citizens and radically change the way health and care services are delivered to patients[15]. It can support the reform of health systems and their transition to new care models, centred on people's needs and enable a shift from hospital-centred systems to more community-based and integrated care structures[16]. The European Commission is working to provide citizens with access to safe and top-quality digital services in health and care through multiple initiatives and programmes such as the eHealth network[17] and the EU4Health programme 2021-2027[18]. However, it is to be discussed to what extend digitalisation can contribute to short-term relief and long-term sustainable development.

In this scenario, the "Health" working group, established within the framework of the Harnessing Talent Platform (HTP), will bring together individuals and organisations affected by or closely connected to the subject. It will function as a forum for meaningful discussions, employing problem-solving approaches, advocating for solutions, and embracing inclusive stakeholder engagement principles. The result of the working group's efforts will provide a more profound understanding of the issue, investigate possible solutions, and develop tools to overcome the challenges posed by the demographic transition on the health sector.

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[13] https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=10484&furtherNews=yes
[14] https://ec.europa.eu/social/BlobServlet?docId=26366&langId=en
[15] https://ec.europa.eu/newsroom/dae/document.cfm?doc_id=51628
[16] http://www.oecd.org/health/ministerial/ministerial-statement-2017.pdf
[17] https://health.ec.europa.eu/ehealth-digital-health-and-care/eu-cooperation/ehealth-network_en
[18] https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en

2. Objective and scope of the working group

2.1. Objective

The **Harnessing Talent Platform (HTP)** is a newly established platform dedicated to building knowledge and facilitating the exchange of experiences. Its primary objective is to support regions in addressing the consequences of demographic changes and mitigating challenges related to the decline of tertiary-educated populations throughout the EU, especially the 46 regions currently facing a talent development trap. The HTP ensures that affected regions have access to the necessary guidance, information, and knowledge to develop tailored and comprehensive strategies for training, attracting and retaining talent.

The Harnessing Talent Platform (HTP) incorporates dedicated **working groups** (Digital, Health, R&I, Territorial Development) that unite stakeholders impacted or close to the topic. These working groups serve as a forum for strategic exchange, employing problem-solving, advocacy, and stakeholder inclusion principles.

The specific **objectives of the working group dedicated to the health sector** are thus:

1. To bring relevant health actors together and enhance dialogue, exchange of experiences and knowledge building between them;
2. To identify opportunities and approaches to help mitigate challenges in the health sector such as those described in Section 2.3.1.

The main **missions and activities** of the working group will be to:

- Develop a network of experts, with various types of stakeholders involved in or interested in understanding or addressing challenges related to the skills shortages in the health sector;

- Develop and share knowledge and expertise, such as analytical tools and guidelines, policy recommendations, best practices and case studies, resources, within the group and externally;

- Articulate the most relevant challenges shaking the health sector;

- Identify and promote good practices and evidence-based approaches to mitigate these challenges and harness talent in the health sector

- Promote research in the health area;

- Participate to meetings and continuous discussions on a variety of topics related to the declining share of tertiary educated labour force in the health sector;

- Translate the findings into advocacy messages, policy recommendations and technical guidance for an actionable framework dedicated to EU's regions dealing with demographic challenges and brain divide issues.

2.2. Working group composition

The working group has 20 core members selected amongst the pool of applicants to the open call. From the 20 selected members, 2 have the role of WG leaders.

The HTP secretariat supports the Health WG by providing: 1) a **Health WG facilitator** and 2) a **support team.**

In addition, the Health working group will benefit from expertise provided through the HTP Secretariat. The secretariat will mobilise a pool of external experts, which will support the group, on case by case basis, in its thematic activities.

The table below summarises the roles and responsibilities each category of stakeholder, as well as their organisation and governance.

Table 2: Roles and responsibilities of Health WG members per category

Category		Estimated number of members	Role and responsibilities	Organisation and governance
Core team	Leaders of the Health working group	2 members	- Drive the activities of the working group with the support of the project team.	The Health WG leaders will support and co-lead the Health WG with the Health WG facilitator from the project team. The leaders of the Health WG are part of the Core team of the Health WG.
	Core members	Maximum 18 members	- Validate the driving strategy, priorities and sub-topics of analysis of the Health WG, as well as the agenda of each gathering. - Validate the action plan of the working group. - Engage in the assessment of good practices as well as the analysis of their transferability. - Develop recommendations for the regional authorities. - Develop an actionable framework for local and regional authorities in implementing tailored and comprehensive solutions to tackle development issues related to the sub-topics.	Sub-topic leads (up to 3 per Health WG - see section 2.3 Proposed activities and outputs) might be appointed within the Health WG core members and will be responsible for leading and overseeing the work being conducted for each of the sub-topics selected. The core team members will also constantly interact and exchange through emails chains, progress calls and the wider Health WG meetings. The core members of the Health WG are part of the Core team of the Health WG.
External team	Experts	No limitations:	- Provide guidance and expertise throughout the implementation of the working group activities, and in particular on the identification of good practices. - Present and discuss best practices and engage with the analysis of their pros and cons.	The pool of experts might be mobilised by the Health WG core members to share knowledge and experience on good practices. Following a decision of the Health WG leaders and core members, they might be invited by the project team to some of the progress calls and the wider Health WG meetings.

The selected members of the Health working group are listed in the table below.

Table 3: Selected members of the Health working group

No.	Institution	Category of institution	Country	Role
1	EUREGHA - European Regional and Local Health Authorities asbl	Businesses, industry associations and civil society organisations	EU	Leader
2	NSL Click & Work UG (Haftungsbeschränkt)	Businesses, industry associations and civil society organisations	DE	Leader
3	KINCS (Mária Kopp Institute for Demography and Families)	Policy makers, public authorities, public and para-public agencies and associations	HU	Core Member
4	Regional Development Agency of Primorje-Gorski Kotar County	Policy makers, public authorities, public and para-public agencies and associations	HR	Core Member
5	ProMIS - Programma Mattone Internazionale Salute	Policy makers, public authorities, public and para-public agencies and associations	IT	Core Member
6	Marshal's Office of the West Pomeranian Voivodeship	Policy makers, public authorities, public and para-public agencies and associations	PL	Core Member
7	The public institution Development agency of Šibenik Knin County	Policy makers, public authorities, public and para-public agencies and associations	HR	Core Member
8	São João Universitary Hospital Center and Faculty of Medicine of Porto	Policy makers, public authorities, public and para-public agencies and associations	PT	Core Member
9	University Medical Centre Groningen/ University of Groningen	Research and academic institutes, think tanks, collaborative networks and R&I associations	NL	Core Member
10	Biobizkaia Health Research Institute	Research and academic institutes, think tanks, collaborative networks and R&I associations	ES	Core Member
11	NOVA National School of Public Health	Research and academic institutes, think tanks, collaborative networks and R&I associations	PT	Core Member
12	Seinäjoki University of Applied Sciences	Research and academic institutes, think tanks, collaborative networks and R&I associations	FI	Core Member
13	University Medical Center Groningen - University of Groningen - The Netherlands	Research and academic institutes, think tanks, collaborative networks and R&I associations	NL	Core Member
14	IRCCS IRST Dino Amadori	Research and academic institutes, think tanks, collaborative networks and R&I associations	IT	Core Member

No.	Institution	Category of institution	Country	Role
15	SGH Warsaw School of Economics, Poland	Research and academic institutes, think tanks, collaborative networks and R&I associations	PL	Core Member
16	National Association of Pensioners	Businesses, industry associations and civil society organisations	MT	Core Member
17	Foundation Center for Policies and Services Bucharest Romania	Businesses, industry associations and civil society organisations	RO	Core Member
18	Groupe SOS Santé	Businesses, industry associations and civil society organisations	FR	Core Member
19	HOSPEEM	Businesses, industry associations and civil society organisations	EU	Core Member
20	Council of Occupational Therapists for the European Countries	Businesses, industry associations and civil society organisations	EU	Core Member

2.3. Proposed activities and outputs

2.3.1. Proposed activities

As a first step, a **list of sub-topics** (up to three topics related to the larger issue of the declining share of tertiary educated labour force and how to harness talent in the health sector) will be proposed by the project team. The sub-topics proposed might include for instance:

- **Improving wages, service models and working conditions of health workers:** It is expected that in the period 2018-2030 alone, the EU-27 will need 10.9 million newly trained or imported health and LTC workers to satisfy the rising demand in the health and LTC sectors[19]. However, a skills and labour shortage in the healthcare sector can be found in many regions across EU member states. An ageing population is further fuelling the demand for health services. In addition, the pandemic has often led to an increased workload combined with emotional pressure, encouraging numerous health workers to look for different opportunities outside the sector. Emigration of health workers to countries with better wages or working conditions puts additional pressure on the health sector within certain regions and countries. Improving wages, designing new flexible working/service delivery models and overall creating better working conditions for health workers can therefore be considered as one of the main challenges when seeking to address the talent development trap in this sector.

- **Fostering locally relevant medical & paramedical training and research:** Fostering relevant medical and paramedical training and research plays a crucial role when trying to tackle a talent development trap within the health sector of an impacted region. Addressing local healthcare needs by tailoring specific training programmes can lead to an improvement of the overall quality of life within the region and therefore become a pull rather than a push factor for emigration and brain drain. Fostering locally relevant training and research can furthermore lead to talent retention as well as attraction. Investing in research and educational infrastructure locally enhances the attractiveness of the region for healthcare professionals and students. Establishing well-equipped medical schools, research centres and academic institutions creates an environment that supports learning, innovation and professional development. This not only helps retain local talent but also attracts healthcare professionals and students from other regions, fostering a diverse and skilled workforce. It would be interesting to discuss how policy support and public funding can help to prioritise particular investments in the training and research infrastructure.

- **Promotion of skills in the health sector:** Figures by Eurostat have identified almost 15 million people who work in health occupations, representing over 7% of all persons employed and almost 4% of the EU population[20]. However, the health sector faces significant challenges in upskilling and reskilling its workforce due to rapid transformations, workforce shortages, and difficult working conditions. Despite these difficulties, the EU considers essential to develop skills that support the sector's digital transformation, its preparation for the green transition as well as the development of other competences including logistics, management, communication, patient engagement, cross-sectoral collaboration, and leadership[21]. Training on digital technologies is often offered only as an optional course and health professionals report that they do not have enough opportunities to make full use of digital technologies[22].

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[19] https://publications.jrc.ec.europa.eu/repository/handle/JRC121698
[20] https://ec.europa.eu/eurostat/documents/4187653/11571499/Health_workers_2020Q3NP-01.png
[21] https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=10484&furtherNews=yes
[22] https://www.cedefop.europa.eu/en/data-insights/health-professionals-skills-opportunities-and-challenges-2019-update

Additionally, the health climate footprint is equivalent to 4.4% of global net emissions[23] and its carbon footprint is set to triple by 2050[24]. In this context, the Large-Scale Partnership for the health ecosystem[25], launched in 2022, seeks to prepare the health workforce for societal challenges through lifelong learning. The partnership will develop and implement a European skills strategy for the health workforce and pilot training programmes for health professionals, with a particular focus on green and digital skills. Upskilling will make the health sector more attractive, retain workers, and promote a health-focused, adaptable system.

- **<u>Facilitating mobility and improving recognition of qualifications and in the healthcare sector across Europe:</u>** Many qualifications in the health sector are driven nationally, which presents barriers for mobility in the sector. Streamlining the process for the recognition of qualifications and facilitating mobility within the EU can potentially help tackling the talent development trap. The discussion should focus on the questions how to further streamline and ease the recognition process by leveraging the European Qualifications Framework (EQF) as well as the European professional Card (EPC) as a means to digitalise the recognition process.

- **<u>Challenges brought by a decreasing and ageing population</u>**: Population growth in the EU has slowed down in recent decades and halted during the COVID-19 pandemic. This happened due to a combination of fewer births, more deaths, and lower net migration[26]. The EU's population is now projected to continue to grow, but at a limited pace, until 2029, after which it will start to slowly decline[27]. This population decline varies significantly between regions within countries. In 2020, 199 regions (out of 1 166 regions) in the EU already had a shrinking population, according to the EU 2023 demographic report. In 2019, rural regions were losing more population due to natural change, and they were gaining fewer people through migration compared with predominantly urban regions[28]. Additionally, on 1 January 2021, people aged 65 and above represented 20.8% of the EU population. This represents an increase of 0.2 percentage points compared with 2020 (20.6%), and an increase of 0.6 percentage points compared with 2019 (20.2%). By 2050, about 30% of the European population will be over 65, and it is expected that there will be fewer than two working age adults for each elderly person (Old age dependency ratio projected to be 56.7%), confirming an increasing trend of old-age dependency in the future. This population ageing entails the need to adapt our health systems to accommodate the increased demand for accessible and affordable quality health care and LTC[29]. Additionally, the shrinking working-age population puts pressure on labor markets and welfare states, as it makes more challenging to sustain adequate pensions as well as state expenditure in general. Topics that would be relevant to discuss are, without being limited to: service delivery methods, remote consultations and digital infrastructure required to deliver services remotely, silver economy and health insurance systems adapted to ageing populations.

- **<u>Integration of persons with health issues in the labour market</u>**: As a result of the COVID-19 pandemic, telework has become crucial to mitigate job losses and support business continuity. Around 22%, or 43 million workers in the EU27, who did not telework before the COVID-19 outbreak, could be working from home, and have in all probability started doing so

[23] https://noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf
[24] https://healthcareclimateaction.org/sites/default/files/2021-06/Health%20Care%20Without%20Harm_Health%20Care%20Decarbonization_Road%20Map.pdf
[25] https://ec.europa.eu/social/BlobServlet?docId=26366&langId=en
[26] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_and_population_change_statistics
[27] https://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=497115
[28] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021SC0166
[29] https://commission.europa.eu/system/files/2023-01/the_impact_of_demographic_change_in_a_changing_environment_2023.PDF

during the first semester of 2020[30]. While the transition to telework may have been particularly challenging for some workers in terms of work-life balance and working conditions, the possibility to work from home and join the labour market remotely could be an advantage to persons with health issues and less mobile persons in general, as well as workers with care responsibilities. The provision of integrated and LTC remotely, with the help of digital technologies, could lead to a significant improvement in the physical and mental health and wellbeing of people.

- **Cross-border collaboration in healthcare:** Since 1992, cross-border cooperation in healthcare has been supported by European Territorial Cooperation (ETC), better known as "Interreg"[31]. The objective of ETC is to promote the harmonious economic, social, and territorial development of the EU as a whole. Funded by the European Fund for Regional Development (ERDF), Interreg comprises three strands of cooperation including cross-border cooperation (i.e. Interreg A). The aim of the discussion should be to explore the benefits and challenges of cross-border healthcare cooperations within the EU and examine the role of cross-border healthcare networks in addressing regional disparities and brain drain. Here it should particularly be discussed how partnerships can create career development opportunities without the need for emigration. This can e.g., be achieved through cross-border cooperations leading to the engagement of individuals in time-bound international projects or the establishment of exchange programmes for students and professionals. Such and similar initiatives allow professionals to remain in/return to their home regions while still benefiting from international expose and collaboration with other experts.

- **Health tourism and regional development:** In 2017, health tourism comprised around 5% of general tourism in the EU27 and contributed approximately 0.3% to the EU economy[32]. Health tourism can stimulate regional development and attract investment and may come with wide-spreading positive impacts on other sectors such as tourism and hospitality. It therefore appears to be relevant to assess the potential of health tourism for particular regions. The discussion may focus on opportunities and potential benefits of health tourism in a particular region and could support the development of policies and policy initiatives that may promote medical tourism in these regions.

- **Digitalisation of the health sector:** The digitalisation of the health sector comes with several challenges and opportunities. On one hand, the sector may strive for efficiency and enhanced patient care as the implementation of the right tools can lead to a reduction of workload and associated costs while the generation of health data allows for better research but also supports better planning and resource management. On the other hand, employers in the health sector are tasked with new challenges such as data privacy, security or ethical and legal considerations. In addition, jobs required for a successful digital transformation are scarce and, in this case, the sector is competing with other sectors, which are often able to offer better compensation or more flexible working models. Here it is to be discussed to what extend digitalisation can support short term relief and long-term sustainable development.

- **Green and sustainable transition in the health sector:** Healthcare facilities, operations, and products have significant environmental consequences, including carbon emissions, energy consumption, waste generation, and the use of harmful chemicals. There is growing pressure

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[30] https://joint-research-centre.ec.europa.eu/system/files/2020-11/policy_brief_-_who_can_telework_today_-_the_teleworkability_of_occupations_in_the_eu_final.pdf
[31] https://www.europarl.europa.eu/RegData/etudes/STUD/2021/690904/IPOL_STU(2021)690904_EN.pdf
[32] https://op.europa.eu/en/publication-detail/-/publication/ebcea20d-982c-11e7-b92d-01aa75ed71a1/language-en

on hospitals and other healthcare facilities to balance sustainability objectives with high-quality care standards. By adopting eco-friendly practices and technologies, the healthcare sector should aim to minimise its environmental footprint while also improving public health outcomes. This transition will have a large impact on existing operating models, supply chains as well as skill requirements.

This list of topics will be discussed with the working group core team to select three sub-topics, following the first working group meeting. The project team will then provide more detailed issue papers on each of the topics selected (up to three topics), which will include a situation analysis and a list of open questions for discussion related to the topic.

The working group core team will be tasked with reflecting on the questions raised in the issue paper; sharing updates, good practices, knowledge and experience on the topic; preparing presentations for the working group meetings; reflect on solutions and recommendations and potential transferability; refining the issue paper with knowledge and answers to the questions raised; and prepare guidance documents and toolkits for different levels of regional policy management on how to tackle the problems. The experts of the working group might be mobilised to support the preparations of presentations on good practices and solutions, to discuss the transferability of the practices and to develop recommendations.

The project team will also continuously update the working group steering committee members with information / news (e.g. new academic article or policy) related to the topics in focus and to the wider topic of harnessing talent in the health sector, and with updates on the activities of the working group. Synergies with initiatives such as the European Pact of Skills and the EU Rural Action Plan will also be ensured, as the project team will build on the relevant elements of these initiatives to steer discussions within the working group and ensure alignment between the outputs produced by the Health WG and these initiatives.

In addition, the working group will **contribute to the work to** support the activities of the dedicated platform for knowledge building and the exchange of experience and technical assistance support to selected EU regions to help develop strategies to address their untapped potential for tertiary educated labour force and mitigate the challenges linked to demographic change). In particular, the working group will **relay topics of interest**, and will **contribute to the production of the articles/academic papers and factsheets on good practices** where relevant (provision of data and information; review of the papers and factsheets). Additionally, the working group will seek to **develop synergies between the working groups and the Technical Assistance** being provided to selected regions through Pillar 1 of the Talent Booster Mechanism (TBM). While this will depend on the realities of the 11 regions to be selected, it is foreseen that the working groups will also be involved in reflecting on the challenges and opportunities in the health sector that these regions face. For instance, if it becomes evident in the course of providing Technical Assistance that a certain region faces particular challenges related to their research and innovation ecosystem, this case could be directly presented to and discussed in the R&I working group. Similarly, if a selected region faces a significant shortage of medical professionals or consistently suffers from low levels of digital skills, these real-life examples could be considered by the Health and Digital working groups, respectively. This cross-fertilization between Tasks 3 and 4 will ensure that while the working group is reflecting about topics at a higher-level, it also has the opportunity to apply insights to actual realities via these types of "case studies".

Alignment and coordination with other instruments such as the Just Transition Platform, the European Cluster Collaboration Platform and the Rural Revitalisation Platform, through invitations to working group meetings (see section 3.1.).

2.3.2. Main outputs

The working group would allow to have a deeper insight into the problem, explore potential solutions and devise instruments to overcome obstacles. The proposed solutions/recommendations would be then embedded in the cohesion policy and investment programmes, to give the regions a possibility to use them in their operations.

The **main outputs** to be produced include:

- the online Sharepoint-based platform where all relevant material for all working groups will be saved (see Section 3.2.);

- working group presentations; issue papers and refined issue papers (one per topic), including a situation analysis for each sub-topic and on the steering questions raised in the issue paper;

- a catalogue of best practices examples and key success factors, building from the inputs of the pool of experts;

- a series of recommendations for regional authorities on how to harness talent in the health sector, which will serve as a guide for selected EU regions to effectively mitigate challenges related to the health sector and to fostering talent development in the health sector;

- a proposal for an action plan and toolkits for regional authorities on how to harness talent in the health sector;

- contributions to articles/academic papers and factsheets on good practices; and

- case studies and recommendations feeding the technical assistance provided to the 11 regions.

This list will be refined with the working group core team at the beginning of the process and may be refined each year when the core team members review the yearly work plan. The project team will also make a proposal to the working group core team on the content of each output, to be refined and approved by the core team members.

3. Organisation

3.1. Overall management of the working group

Each working group will be managed independently as regards to its content (more information on the governance of the working group is provided in section 2.2 Working group composition).
Overall coordination between the working groups will however be supported by the project team **with timely and comprehensive documentation of the discussions** in each working groups, to ensure all relevant knowledge is shared.

The Health working group will hold regular meetings to ensure effective collaboration and progress towards its objectives. These regular meetings will consist of two online meetings and one in-person meeting per year. Additionally, progress calls will be scheduled every 2 to 3 months to keep members updated on developments and address any arising issues.

Moreover, one half-a-day **cross-working groups initiative** per year will be conducted and will take the form of a webinar with contributions from each of the working groups. The objective of this webinar will be to identify horizontal issues that should be tackled, as well as of potential solutions to address these challenges.

Members of the Health WG will have the opportunity to attend this webinar. This engagement will enable the Health WG to gain valuable insights, contribute to broader discussions, and ensure alignment with the other WGs. A preliminary agenda for the cross-working group meetings can be found in Annex 3.

Alignment and coordination with other instruments such as the Just Transition Platform, the European Cluster Collaboration Platform and the Rural Revitalisation Platform will also be ensured: the stakeholders of the working groups of these platforms will be invited to the annual cross-working groups seminar mentioned above, and the members of the working groups will be available to attend these platforms' working groups meetings to present good practices and share knowledge when needed.

3.2. Format and language

The working groups will work as "**communities of practice**" which the project team will moderate as community managers, to ensure appropriate contributions and to steer discussions and exchange through pro-active and regular incentive (posts, pictures, questions) and actions for participation.

Exchanges and interactions between the working group members will be supported by an **MS teams channel**, which support collaborative working through:

- **Dedicated chats**: one overarching chat for all working groups and one chat per working group. In addition to this chat, **an email list** between the members of the working group and the project team will be created to ensure that no key messages transmitted through the Teams chats are missed.

- **A Sharepoint-based platform** where all relevant material for all working groups will be saved;

o **The possibility to organise Teams meetings,** in particular for **progress calls**: the working group members will meet every two or three months through 1.5-hours progress calls. The objective of these calls will be to present progress on each of the sub-topics analysed, and to present any other relevant updates on the work being conducted. Experts of the working groups might also be invited to these progress calls if deemed relevant by the working group members. A draft agenda of the progress calls is available in Annex 3.

In addition, the working group members and selected experts will also meet three times a year through one **formal in-person working group meeting (one day) and two online working group meetings (half a day).** These online meetings will likely be organised on Webex, as it allows simultaneous interpretation. The Working Group meetings will be interactively structured envisaging, whenever feasible and useful, common parts and breakout groups.

To incentive and maximise inputs from all participants, the project team will use formats that are enjoyable for participants and help to stimulate discussion, such as:

o **'Brainwriting & Mind Map'**;

o A **'world-café' format**;

o A "**structured democratic dialogue process" format.**

The project team will also use interactive tools such as:

- Dynamic priority sort with **web-polling solutions** (e.g., Mentimeter[33]), where a group collectively seeks to agree on the findings;

- **Whiteboards** (e.g., Miro[34]) allowing participants to share their views or other information,

- **Presentations "with a twist"**: slides as visuals and infographics to convey key messages, followed by Q&A sessions where participants can use the chat facility or simply raise their hands to ask questions.

The project team will manage all the logistical matters related to the organisation of these in-person and online working meetings.

All communication will be held in **English** however **live interpretation** could be also provided in French and German during the formal bi-annual working group meetings.

3.3. Timeline

3.3.1. Overall timeline

The working groups will be set up for **three years** and will be active until May 2026. The figure below summarises the timeline proposed.

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[33] Mentimeter enables users to share knowledge and real-time feedback with through presentations that include questions, polls, quizzes, slides, images, gifs. The users can use their smartphones or computer to connect to the presentation where they can answer questions. Their (anonymised) responses appear in real-time in the presentation.
[34] Miro is an online collaborative whiteboard solution that allows to share ideas between participants. What the participants add and write appears live in the whiteboard.

19 July- 15 September 2023
Call for members open

September-October 2023
Selection of working group members

October-November 2023
Results are communicated to the members

24 November, Brussels
First working group meeting

November 2023-May 2026
Regular working group activity

A more detailed timeline is presented below.

Figure 2: Preliminary Work Plan of the working group

Meetings & outputs planned		2023	2024	2025	2026
		Nov Dec	Jan Fev Mar Apr May Jun Juil Aug Sept Oct Nov Dec	Jan Fev Mar Apr May Jun Juil Aug Sept Oct Nov Dec	Jan Fev Mar Apr May
Meetings	Online progress meetings				
	Cross-working group meetings				
	In-person annual meeting	1	4	6	
	Online meetings		2 3 5	7 8	
Outputs	Overview and articulation of the main challenges related to fostering talent development in the digital sector (list of relevant sub-topics)				
	Online knowledge platform with all relevant information saved, including all working group presentations				
	Outreach strategy to disseminate the work and findings of the WG				
	Issues papers				
	Refined issue papers				
	Catalogue of best practices examples and key success factors				
	Strategy for regional authorities on how to harness talent in the digital sector, including a series of recommendations				
	Proposal for an action plan and toolkits for regional authorities on how to harness talent in the digital sector				
	Contributions to articles/academic papers and factsheets on good practices				
	Case studies and recommendations feeding the technical assistance provided to the 11 regions				

	Progress calls									
	Cross-working groups meetings									
	Formal meetings									
	Work on outputs for tasks									
	Draft deliverables									
	Deliverables									

The foreseen purpose of the in-person and online meetings (see Figure 1. Work plan of working group) would be the following[35]:

1. **First meeting**: Introduction; presentation and validation of the work plan for the year; presentation of the proposed sub-topics and selection.

2. **Second meeting:** Presentation of the issue papers on each sub-topic; appointment of sub-topic leads; discussion on the steering questions; presentation of the draft outreach strategy; identification of good practices. Preparation of contributions to articles/academic papers and factsheets on good practices and/or Case studies and recommendations feeding the technical assistance provided to the regions if requested.

3. **Third and fourth meeting:** Presentation of selected good practices; discussion on success factors and transferability. Presentation and validation of the revised outreach strategy. Presentation of the work plan for the next 12 months in the 4th meeting and validation, as well as the first draft of the refined issue papers with preliminary answers to the steering questions. Preparation of contributions to articles/academic papers and factsheets on good practices and/or Case studies and recommendations feeding the technical assistance provided to the regions if requested.

4. **Fifth to seventh meeting**: Development of recommendations for the regional authorities. Presentation of the work plan for the next 12 months in the 7th meeting and validation, as well as the second draft of the refined issue papers with preliminary answers to the steering questions. Preparation of contributions to articles/academic papers and factsheets on good practices and/or Case studies and recommendations feeding the technical assistance provided to the regions if requested.

5. **Eight meeting:** Elaboration of a proposal for an action plan; development of toolkits based on the needs to the regions.

A mid-term assessment (after the 4th meeting) will be conducted by the project team to gather conclusions and implement potential changes for the scope of WG meetings, outputs and targeted topics.

A more detailed Work Plan for the Working Group will be proposed to the Core team by the project team every 12 months, with clear descriptions of the roles subscribed to its members and stating the purpose of the meetings, in order to guide the preparatory process done by the Secretariat. The proposed Work Plan for Nov 2023 to Dec 2024 is detailed in the next section.

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[35] This is a proposed plan to be discussed and updated with the working group members.

3.3.2. Annual workplan (2023-2024)

The figures below present the proposed workplan for the first year of the work of the working group.

Figure 2: Proposed yearly Work Plan 2023-2024 for meetings

Meetings & outputs planned		Responsibility		2023		2024											
		Owner	Support	Nov	Dec	Jan	Fev	Mar	Apr	May	Jun	Juil	Aug	Sept	Oct	Nov	Dec
Meetings	**Online progress meetings**																
	Final date agreement	Digital WG facilitator & support team															
	Note (objective of the meeting; agenda; material)	Digital WG facilitator	Leaders of the Digital working group														
	Preparation of presentation materials	All, depending on the agenda topics of discussion															
	Inivitation & logistics (link to the event)	Support team				25/jan			25/apr				5/aug			16/nov	
	Cross-working group meetings																
	Final date agreement	Digital WG facilitator & support team															
	Note (objective of the meeting; agenda; material)	Digital WG facilitator	Leaders of the Digital working group														
	Preparation of presentation materials	Digital WG facilitator & Leaders of the Digital working group	Expert pool for horizontal topics presentations														
	Inivitation & logistics (arrangement of travel & accomodation, etc.)	Support team		24/nov										26/sep			
	In-person annual meeting																
	Final date agreement	Digital WG facilitator & support team															
	Note (objective of the meeting; agenda; material)	Digital WG facilitator	Leaders of the Digital working group														
	Preparation of presentation materials	All, depending on the agenda topics of discussion															
	Inivitation & logistics (arrangement of travel & accomodation, etc.)	Support team		24/nov										26/sep			
	Online meetings																
	Final date agreement	Digital WG facilitator & support team															
	Note (objective of the meeting; agenda; material)	Digital WG facilitator	Leaders of the Digital working group														
	Preparation of presentation materials	All, depending on the agenda topics of discussion															
	Inivitation & logistics (link to the event)	Support team						13/mrt			13/jun						14/dec

The precise dates of the meetings will be confirmed with the WG members as soon as possible (at least two months ahead of the event, at least three months for onsite events). The WG facilitator and the support team will then prepare the necessary materials for the event and arrange logistical matters. The materials of the event will be prepared at least one month ahead of the meetings.

Figure 3: Proposed yearly Work Plan 2023-2024 for outputs

Meetings & outputs planned	Owner	Support	2023 Nov	Dec	2024 Jan	Fev	Mar	Apr	May	Jun	Juil	Aug	Sept	Oct	Nov	Dec
Overview and articulation of the main challenges related to fostering talent development in the digital sector (list of relevant sub-topics)																
Presentation of main challenges identified and relevant topics (concept notes; presentation of WG meeting)	Digital WG facilitator	Leaders of the Digital working group	▒													
Validation by WG members	WG members															
Potential update of the challenges overview and list of topics	Support team	WG members		█												
Online knowledge platform with all relevant information saved, including all working group presentations																
Creation of the platfrom	Support team			█												
Continous update of the platfrom with relevant material	Digital WG facilitator & support team	WG members			▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒	▒
Outreach strategy to disseminate the work and findings of the WG																
Outline of the outreach startegy	Selection of WG members responsible for the draft (TBD)	Digital WG facilitator & WG leaders			▒											
Draft outreach startegy	Selection of WG members responsible for the draft (TBD)	Digital WG facilitator & WG leaders					▒									
Revision of the outreach strategy and validation	Selection of WG members responsible for the draft (TBD)	Digital WG facilitator & WG leaders								█						
Issues papers																
Appointment of sub-topic leads and sub-topic working groups	Digital WG facilitator & WG leaders				▒											
Draft issue papers on the topics selected by th WG members	Digital WG facilitator & support team	Appointed sub-topic leads and sub-topic working groups					█									
Refined issue papers																
Refined drafts 1	Appointed sub-topic leads and sub-topic working groups	Digital WG facilitator & WG leaders											▒			
Work to produce the refined drafts 2 (due in 2025)	Appointed sub-topic leads and sub-topic working groups	Digital WG facilitator & WG leaders														
Catalogue of best practices examples and key success factors																
Identification of good practices and summary of good practices	WG members	Digital WG facilitator & WG leaders														
Summary of good practices	Pool of experts	WG members														
First draft of the catalogue (combining all summaries of good practices identified so far)	Support team	Digital WG facilitator & WG leaders							▒							
First draft of the catalogue (combining all summaries of good practices identified so far)	Support team	Digital WG facilitator & WG leaders										▒				
First draft of the catalogue (combining all summaries of good practices identified so far)	Support team	Digital WG facilitator & WG leaders														█
Contributions to articles/academic papers and factsheets on good practices																
Request-based activities	WG member(s), depending on the request	Digital WG facilitator & WG leaders														
Case studies and recommendations feeding the technical assistance provided to the 11 regions																
Request-based activities	WG member(s), depending on the request	Digital WG facilitator & WG leaders														

Outputs (row label spanning the meetings & outputs planned section)

4. Annex 1: Complete list of WG members

Table 1: List of WG members

Organisation	Category	Overall type	Country
EUREGHA - European Regional and Local Health Authorities asbl	Pan-European organisation for regions	Businesses, industry associations and civil society organisations	EU
NSL Click & Work UG (Haftungsbeschränkt)	Business association	Businesses, industry associations and civil society organisations	DE
KINCS (Mária Kopp Institute for Demography and Families)	Public or para-public agency or association	Policy makers, public authorities, public and para-public agencies and associations	HU
Regional Development Agency of Primorje-Gorski Kotar County	Public or para-public agency or association	Policy makers, public authorities, public and para-public agencies and associations	HR
ProMIS - Programma Mattone Internazionale Salute	Public or para-public agency or association	Policy makers, public authorities, public and para-public agencies and associations	IT
Marshal's Office of the West Pomeranian Voivodeship	Regional public authority	Policy makers, public authorities, public and para-public agencies and associations	PL
The public institution Development agency of Šibenik Knin County	Regional public authority	Policy makers, public authorities, public and para-public agencies and associations	HR
São João Universitary Hospital Center and Faculty of Medicine of Porto	Research and academic institution	Policy makers, public authorities, public and para-public agencies and associations	PT
University Medical Centre Groningen/ University of Groningen	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	NL
Biobizkaia Health Research Institute	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	ES
NOVA National School of Public Health	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	PT

Organisation	Category	Overall type	Country
Seinäjoki University of Applied Sciences	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	FI
University Medical Center Groningen - University of Groningen - The Netherlands	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	NL
IRCCS IRST Dino Amadori	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	IT
SGH Warsaw School of Economics, Poland	Research and academic institution	Research and academic institutes, think tanks, collaborative networks and R&I associations	PL
National Association of Pensioners	Civil society organisation (e.g. NGO, social partners)	Businesses, industry associations and civil society organisations	MT
Foundation Center for Policies and Services Bucharest Romania	Civil society organisation (e.g. NGO, social partners)	Businesses, industry associations and civil society organisations	RO
Groupe SOS Santé	Civil society organisation (e.g. NGO, social partners)	Businesses, industry associations and civil society organisations	FR
HOSPEEM	Civil society organisation (e.g. NGO, social partners)	Businesses, industry associations and civil society organisations	EU
Council of Occupational Therapists for the European Countries	Pan-European organisation for regions	Businesses, industry associations and civil society organisations	EU

5. Annex 2: First Working Group In-person Annual Meeting Agenda

Harnessing Talent Platform Launch Event, 23-24 November 2023 Agenda

DAY 2: 24 November 2023

Location: DG REGIO premises, Building MERO, Avenue de Tervueren 41, B – 1040 Bruxelles Ground floor, Rooms MERO 00/103 + 00/108 + 00/115

Meeting is reserved for the members of the Working Groups

Table 1: Agenda

Time	Title
09:00 – 9:45	**NETWORKING BREAKFAST**
09:45 – 10:30	**Introductory session for working groups** **09:45 – 10:00** • Welcome from EC – DG REGIO: - *Policy background (Harnessing Talent Platform)* - *The Talent Booster Mechanism and the role of Working Groups* Marek TEPLANSKY DG REGIO, Head of Unit for Inclusive Growth, Urban and Territorial Development **10:00 – 10:20** • Introduction to the project: - *Objective of the event* - *Presentation of the agenda* - *Presentation of the Working Groups: objectives, scope, proposed activities and outputs, organisation* - *Short description of other types of meetings throughout the project* - *Logistics and rules for the sessions: "House rules" for the event i.e. when can candidate intervene, how (raise their hands), in what language (English), if they can take breaks* Laura TODARO EY BE, Executive Director, Contractor **10:20 – 10:30** • Q&A
10:30 – 12.00	**Interactive discussion on horizontal topics:** **Zoom in "Developing the right skills to meet the labour market needs"**

Time	Title
	10:30 – 11.00 • Presentation on the horizontal topic "Developing the right skills to meet the labour market needs" Keith BRUMFITT EY BE, Education Expert, Contractor **11:00 – 12:00** • Working Groups Leaders and Working Groups participants point of view and experiences *11.00 – 11.15 Working Group on Health* *11.15 – 11.30 Working Group on Digital* *11.30 – 11.45 Working Group on Research and Innovation* *11.45 – 12.00 Working group on Territorial*
12:00 – 12:45	**Lunch Break and Networking**
13:00 – 15:50	**Parallel Working Group meetings** *Working Group on Health (Room: CSM01 00/007)* *Working Group on Digital (Room: MERO 00/103)* *Working Group on Research and Innovation (Room: MERO 00/108)* *Working group on Territorial (Room: MERO 00/115)* **13:00 – 13:30**: Tour-de-table All participants **13:30 – 14:00:** • Presentation of the Working Group's specific objectives and scope drawing from the content of the Concept Note on EU policy context and scope. WG Leader – with the support of the contractor coordinator **14:00 – 15:00** • Presentation and discussion on the sub-topics outlined in the Concept Note WG Leader – with the support of the contractor coordinator. **15:00 – 15:50** • Presentation and discussion on the proposed outputs and work plan WG Leader with the support of the contractor coordinator
16:00 – 17:00	**Cross-cutting panel: conclusions and final remarks** *Rapporteur 5 minutes Health WG Leader* *Rapporteur 5 minutes Digital WG Leader* *Rapporteur 5 minutes Research and Innovation WG Leader* *Rapporteur 5 minutes Territorial WG Leader* *Rapporteur 5 minutes Concluding remarks (Keith BRUMFITT and Laura TODARO)*

Time	Title
	1**6.30 – 17.00:** Refreshments and departure

Session description

The Harnessing Talent Platform (HTP) is a newly formed knowledge-building and experience-exchange platform, which seeks to support regions in addressing the consequences of the demographic change and in mitigating the challenges associated with the decline of tertiary educated populations across the EU.

The HTP foresees the creation of dedicated working groups that bring together stakeholders from different territorial levels to discuss on the topic of harnessing talent in Europe and the territorial consequences of demographic dynamics that are linked to it. These working groups serve as a forum for strategic exchange on how sectors such as: Digital, Health, Research & Innovation as well as Territorial development – in particular rural-urban linkages and quality of life - can influence a region's ability to be competitive and attractive for young and highly skilled workforce.

The work of the groups will allow for a deeper insight into how regions dealing with demographic challenges can attract, develop and retain talent, by exploring potential solutions and devising instruments linked to the topic of the working group. As such, working groups will develop and share knowledge and expertise, articulate challenges, promote good practices and translate findings into policy recommendations and technical guidance.

Focus of session

1. Introductory session for Working Groups

The aim of the introductory session is to present the background, objective, scope and organisation of the Working Groups to the Working Groups members.

Working Groups members will also be given the opportunity to ask any questions they may have on this.

2. Interactive discussion on horizontal topics: focus on "Developing the right skills to meet the labour market needs"

The aim of this session is mainly to discuss a horizontal topic common to the four Working Groups: *Developing the right skills to meet the labour market needs*. To that end, the topic will be presented by a member of the Consortium (30min). Participants will be able to discuss the topic (60min).

The outcomes of this session will be summarised in the minutes of the session and will be made available to all participants. Reflections on the horizontal topic presented will feed the discussions of the working groups, and the list of horizontal topics elaborated will be used as a basis to organise future presentations for cross-Working Group meetings.

3. Parallel Working Group meetings

In the afternoon session, four parallel meetings (one per Working Group) will be held. The objective of these sessions is for each working group to agree on 1) a list of three to five sub-topics to be explored further; 2) a list of activities and outputs; and 3) a work plan for the year.

 Each meeting will be structured as such:

- Tour-de-table (30min)
- Presentation of the Working Group's specific objectives and scope by the project team (30 min)
- Presentation of the suggested sub-topics, discussion and agreement on the selection of the sub-topics (60 min)
- Presentation, discussion and agreement on the proposed activities of the proposed activities and outputs, as well as the proposed work plan team (50 min)

Following each presentation, the Working Group members will interactively discuss these suggestions, will agree on the activities, outputs and workplan, and will select three to five sub-topics to focus the work on. The participants will also be invited to express interest in one of several sub-topics and indicate which one(s) they would like to work more closely on.

This first meeting will lay the foundation of the work of each Working Group. The list of activities and outputs will be updated, the workplan agreed for the year will be implemented and followed by each participant, and the project team and the participants will start the work on the sub-topics selected.

6. Annex 3: Preliminary agendas

Table 1: Tentative agenda of a cross-working groups meeting

Time	Agenda
09:00-09:15	**Welcome and opening remarks** *Project team* • Specific objectives of meeting • Agenda, "house rules", tour de table
09:15-10:15	**Presentation of main findings from each working group** *Working group facilitators and working group leads* 15 minutes per working group Update on activities conducted and main findings (preliminary answers to steering questions of the issue papers; good practices identified)
10:15-10:30	**Discussion and summary of horizontal issues identified** *Core Members of WGs and Project team*
10:30-11:30	**Breakout rooms to discuss horizontal issues and how to tackle them (one breakout room per issue)**
11:30-11:45	*Coffee break*
11:45-12:45	**Presentation of aggregated results from all groups per issue** *Presentation by breakout rooms "rapporteurs", moderation by project team* Discussion and validation of the results in plenary session
12:45-13:00	**Closing remarks** *Project team* • Final remarks and reminder of upcoming activities • Q&A session

Table 2: Tentative agenda of a progress call

Time	Agenda
10:00-10:15	**Welcome and opening remarks** *WG facilitator and WG lead* • Specific objectives of meeting • Agenda
10:15-10:35	**Progress update on sub-topic 1** *Sub-topic lead* Update on activities conducted so far: good practices identified & potential presentation of a practice by an expert; potential recommendations; etc.
10:35-10:50	**Progress update on sub-topic 2** *Sub-topic lead* Update on activities conducted so far: good practices identified & potential presentation of a practice by an expert; potential recommendations; etc.
10:50-11:10	**Progress update on sub-topic 3** *Sub-topic lead* Update on activities conducted so far: good practices identified & potential presentation of a practice by an expert; potential recommendations; etc.
11:10-11:20	**Update on other activities conducted** *WG facilitator and WG lead*
11:20-11:30	**Closing remarks** *WG facilitator and WG lead*

Time	Agenda
	• Final remarks and reminder of upcoming activities • Q&A session