1. Identification

Call	Date of submission
C1	26/04/2022

1.1. Full name of the project

Propelling Digital Health Literacy to Empower Citizens and Providers for Better Health Care - from prevention to treatment: eHealth Literacy Toolbox

148 / 250 characters

1.2. Short name of the project

eHealth Toolbox

15 / 20 characters

1.3. Programme priority

1. Innovative societies

1.4. Programme objective

1.1 Resilient economies and communities

1.6. Project duration

Contracting start	22/09/2022	**Contracting end**	31/12/2022
Implementation start	01/01/2023	**Implementation end**	31/12/2025
		Duration of implementation phase (months)	36
Closure start	01/01/2026	**Closure end**	31/03/2026

1.7. Project summary

Demographic changes together with overall globalization and digitalisation and ongoing health and geopolitical crises challenge healthcare systems worldwide. However, the successful implementation of digital tools poses many adoption challenges to different stakeholders and end-users. To improve the adoption of digital health service interventions, it is necessary to assess early on the readiness of adoption on a personal (e.g. the digital health literacy, acceptance and trust in the solution of future end-users) as well as an organizational level. The Baltic Sea Region is the leading region regarding eHealth services in Europe, e.g. the Electronic Health Record systems in Estonia, Sweden or Denmark which are benchmarks for all other countries in Europe. In addition, telemedicine services are widespread in the Scandinavian countries. However, some of the other Baltic Sea Region countries are still at the beginning of their eHealth adoption journey and they would benefit from the learnings of these “best-in-class” countries. We propose to develop, pilot and evaluate an easy-to-use toolbox to assess and to foster digital health literacy and eHealth competencies in end-users. The toolbox will include an assessment tool to determine the level of readiness to adopt of user populations in institutions, organizations or even regions and based on the readiness level, a roadmap and recommendations on how to improve digital health literacy and eHealth competencies.

1,479 / 1,500 characters

1.8. Summary of the partnership

Today, the Baltic Sea Region is the leading region regarding eHealth services in Europe. For example, the Electronic Health Record (EHR) systems in Estonia, Sweden or Denmark are benchmarks for all other countries in Europe. In addition, telemedicine services are widespread in the Scandinavian countries. However, some of the other Baltic Sea Region countries are still at the beginning of their eHealth adoption journey and they would benefit from the learnings of these “best-in-class” countries. It is our vision to develop eHealth services further for the benefit of the citizens and patients. It is our task to underline the leading role of our regions in developing new ideas in the field of eHealth services.

The partnerships in this project are characterized by the diversity of its members’ expertise and represent relevant actors in applied health services research, local health care authorities as well as health care delivery systems. We believe in the opportunities of eHealth services to secure quality and efficiency in modern health care delivery systems and that we can overcome the challenges present, especially when it comes to the challenges of implementation, adoption and digital health literacy.

We included partners from the following eight Baltic Sea Regions countries to map out the evolution of eHealth adoption readiness – early to mature – and to maximize the learning across all regions and countries. In each country, we will have partners and collaborators to 1) support the evidence-based development of the toolbox (e.g. applied research partners), 2) ensure a user-centered design approach (e.g. health care delivery systems partners), and 3) foster widespread testing and adoption (e.g. local health care authorities).

Project Partners:
Estonia: Tallinn University of Technology
Finland: Regional Council of South Ostrobothnia, Seinäjoki University of Applied Sciences (Lead Partner)
Germany: Flensburg University of Applied Sciences
Latvia: Social Innovation Centre (Pilot), Rīga Stradiņš University
Lithuania: Lithuanian University of Health Sciences
Poland: Kozminski University
Sweden: Region Västerbotten, Umeå University

Associated Partners:
The North Denmark Region
Germany: Ministry of State Government Schleswig-Holstein
Poland: Central Clinical Hospital of the Ministry of Interior and Administration in Warsaw

2,366 / 3,000 characters

1.11. Project Budget Summary

Financial resources [in EUR]		Preparation costs	Planned project budget
ERDF	ERDF co-financing	0.00	2,252,523.90
	Own contribution ERDF	0.00	563,130.99
	ERDF budget	0.00	2,815,654.89
NO	NO co-financing	0.00	0.00
	Own contribution NO	0.00	0.00
	NO budget	0.00	0.00
NDICI	NDICI co-financing	0.00	0.00
	Own contribution NDICI	0.00	0.00
	NDICI budget	0.00	0.00
RU	RU co-financing	0.00	0.00
	Own contribution RU	0.00	0.00
	RU budget	0.00	0.00
TOTAL	**Total Programme co-financing**	0.00	2,252,523.90
	Total own contribution	0.00	563,130.99
	Total budget	0.00	2,815,654.89

2. Partnership

2.1. Overview: Project Partnership

2.1.1 Project Partners

No.	LP/PP	Organisation (English)	Organisation (Original)	Country	Type of partner	Legal status	Partner budget in the project	Active/inactive	
								Status	from
1	LP	Seinäjoki University of Applied Sciences Ltd.	Seinäjoen ammattikorkeakoulu Oy	FI	Higher education and research institution	a)	590,248.00 €	Active	22/09/2022
2	PP	Umeå University	Umeå Universitet	SE	Higher education and research institution	a)	466,198.11 €	Active	22/09/2022
3	PP	Region Västerbotten	Region Västerbotten	SE	Regional public authority	a)	271,783.00 €	Active	22/09/2022
4	PP	Tallinn University of Technology (TalTech)	Tallinna Tehnikaülikool	EE	Higher education and research institution	a)	225,743.00 €	Active	22/09/2022
5	PP	Social innovation centre	Sociālās inovācijas centrs	LV	NGO	b)	227,808.00 €	Active	22/09/2022
6	PP	Flensburg University of Applied Sciences	Hochschule Flensburg	DE	Higher education and research institution	a)	411,380.80 €	Active	22/09/2022
7	PP	Rīga Stradiņš University	Rīgas Stradiņa universitāte	LV	Higher education and research institution	a)	194,088.00 €	Active	22/09/2022
8	PP	Regional Council of South Ostrobothnia	Etelä-Pohjanmaan liitto	FI	Regional public authority	a)	121,212.00 €	Active	22/09/2022
9	PP	Lithuanian University of Health Sciences (LSMU)	Lietuvos sveikatos mokslų universitetas (LSMU)	LT	Higher education and research institution	a)	163,572.00 €	Active	22/09/2022
10	PP	Kozminski University	Akademia Leona Koźmińskiego	PL	Higher education and research institution	b)	143,621.98 €	Active	22/09/2022

2.1.2 Associated Organisations

No.	Organisation (English)	Organisation (Original)	Country	Type of Partner
AO 1	Ministry of Social Affairs, Health, Youth, Family and Senior Citizens	Ministerium für Soziales, Gesundheit, Jugend, Familie und Senioren	DE	Regional public authority
AO 2	Central Clinical Hospital of the Ministry of Interior and Administration in Warsaw	Centralny Szpital Kliniczny MSWiA w Warszawie	PL	Hospital and medical centre
AO 3	North Denmark Region	Region Nordjylland	DK	Regional public authority

2.2 Project Partner Details - Partner 1

LP/PP Lead Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Seinäjoen ammattikorkeakoulu Oy

31 / 250 characters

Organisation in English Seinäjoki University of Applied Sciences Ltd.

45 / 250 characters

Department in original language N / A

5 / 250 characters

Department in English N / A

5 / 250 characters

Partner location and website:

Address PL 412 (Kampusranta 11, Frami F)

32 / 250 characters

Country Finland

Postal Code 60101

6 / 250 characters

NUTS1 code Manner-Suomi

Town Seinäjoki

9 / 250 characters

NUTS2 code Länsi-Suomi

Website www.seamk.fi/en/

16 / 100 characters

NUTS3 code Etelä-Pohjanmaa

Partner ID:

Organisation ID type Business Identity Code (Y-tunnus)

Organisation ID 2539767-3

VAT Number Format FI + 8 digits

VAT Number **N/A** ☐ FI25397673

10 / 50 characters

PIC 949711578

9 / 9 characters

Partner type:

Legal status a) Public

Type of partner Higher education and research instituti — University faculty, college, research institution, RTD facility, research cluster, etc.

Sector (NACE) 85.42 - Tertiary education

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Seinäjoki University of Applied Sciences, SeAMK, is a Lead Partner in the eHealth Toolbox project. The objectives of leading process are to deliver the contracted project objectives, timeline and budget and to manage clear communication with all partners. SeAMK is a multidisciplinary HEI and an efficient actor in education and research, development and innovation (RDI) at local, regional, national and international level. There are 1000 students in health and social sector at SeAMK and the number of academic staff is 80. There are five Bachelor Programmes: Elderly Care, Nursing, Public Health Nursing, Physiotherapy and Social Work in health and social sector. All the programmes have close co-operation with local hospital and health care district and therefore the discussions about the needs and necessities for future health care professionals and patients are constant. SeAMK works in all project WP in close cooperation with WP leads and other participants.

971 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

The project does not support it's beneficiaries selectively, it does not give an advantage to specific companies or sectors in the regions it will be implemented. In addition to that the project does not strengthen the positions of its beneficiaries in relation to other competitors. Likewise the project does not give an advantage to any economic operator outside the project partnership.

390 / 3,000 characters

2.2 Project Partner Details - Partner 2

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Umeå Universitet

16 / 250 characters

Organisation in English Umeå University

15 / 250 characters

Department in original language Institutionen för folkhälsa och klinisk medicin – Hållbar hälsa

63 / 250 characters

Department in English Public Health and Clinical Medicine - Sustainable health

56 / 250 characters

Partner location and website:

Address Universitetstorget 4

20 / 250 characters

Postal Code 901 87

6 / 250 characters

Town Umeå

4 / 250 characters

Website https://www.umu.se

18 / 100 characters

Country Sweden

NUTS1 code Norra Sverige

NUTS2 code Övre Norrland

NUTS3 code Västerbottens län

Partner ID:

Organisation ID type Organisation number (Organisationsnummer)

Organisation ID 202100-2874

VAT Number Format SE + 12 digits

VAT Number N/A ☐ SE202100287401

14 / 50 characters

PIC 999881821

9 / 9 characters

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Umeå University is a traditional European university with five faculties and have long experience in health and physical activity within several national and international projects in collaboration with industrial partners and other institutions. With a progressive approach to teaching, a dedication to pushing research boundaries and a strong commitment to economic development, is a responsive, dynamic and vibrant center of learning in northern Sweden. Umeå's students numbers a total of 33000. Umeå University is divided into different departments, Life Medicine, a test bed under Northern University Hospital will be the Swedish project management.

In this project Umeå University leads the WP's 2 and 3, and works actively also in WP 1. Umeå University intends to compile a research situation, needs analysis, and literature studies to collect good examples of digital health literacy and analyze the material compiled into a report.

944 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

The project does not support it's beneficiaries selectively, it does not give an advantage to specific companies or sectors in the regions it will be implemented. In addition to that the project does not strengthen the positions of its beneficiaries in relation to other competitors. Likewise the project does not give an advantage to any economic operator outside the project partnership.

390 / 3,000 characters

2.2 Project Partner Details - Partner 3

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Region Västerbotten
	19 / 250 characters
Organisation in English	Region Västerbotten
	19 / 250 characters
Department in original language	Geriatriskt centrum (Livsmedicin)
	33 / 250 characters
Department in English	Geriatric center (Life Medicin)
	31 / 250 characters

Partner location and website:

Address	Tvistevägen 48 (14 / 250 characters)	**Country**	Sweden
Postal Code	907 36 (6 / 250 characters)	**NUTS1 code**	Norra Sverige
Town	Umeå (4 / 250 characters)	**NUTS2 code**	Övre Norrland
Website	www.livsmedicin.se (18 / 100 characters)	**NUTS3 code**	Västerbottens län

Partner ID:

Organisation ID type	Organisation number (Organisationsnummer)
Organisation ID	202100-2874
VAT Number Format	SE + 12 digits
VAT Number	**N/A** ☐ SE232100022201 (14 / 50 characters)
PIC	890643719 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Regional public authority	Regional council, etc.
Sector (NACE)	84.11 - General public administration activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Västerbotten County Council with approx. 10000 coworkers is responsible for conducting prevention, health care, rehabilitation, dental care and education/research. The County Council currently conducts highly specialized care for the 4 northernmost counties in Sweden and was one of the initiators of working with innovation hubs in Sweden. At the department Livsmedicin, researchers, healthcare professionals, innovators, business developers, system developers, project managers and designers work together with innovation development in the field of health with a focus on digital solutions. The organization's role in the project is to carry out an analysis of Västerbotten and Sweden around digital health literacy as well as a needs analysis of healthcare staff and end users in WP 1. Västerbotten Region will work with healthcare staff and end users to prepare a pilot where different tools are tested in WP 2, and participate in transferability activities in WP 3.

971 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 4

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Tallinna Tehnikaülikool (23 / 250 characters)
Organisation in English	Tallinn University of Technology (TalTech) (42 / 250 characters)
Department in original language	Tervisetehnoloogiate instituut (30 / 250 characters)
Department in English	Department of Health Technologies (33 / 250 characters)

Partner location and website:

Address	Ehitajate tee 5 (15 / 250 characters)	**Country**	Estonia
Postal Code	19086 (5 / 250 characters)	**NUTS1 code**	Eesti
Town	Tallinn (7 / 250 characters)	**NUTS2 code**	Eesti
Website	www.taltech.ee (14 / 100 characters)	**NUTS3 code**	Põhja-Eesti

Partner ID:

Organisation ID type	Registration code (Registrikood)
Organisation ID	74000323
VAT Number Format	EE + 9 digits
VAT Number	**N/A** ☐ EE100224841 (11 / 50 characters)
PIC	999842536 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Role of the partner organisation in this project:

In WP 1, Taltech will be a lead and also work to develop the toolbox and to capture needs and requirements from an Estonian perspective.
In WP 2, TalTech will participate in piloting the toolbox.
In WP 3, TalTech will work to develop the dissemination strategy and to capture needs and requirements from an Estonian perspective.
TalTech will also participate in project adminiistration according to the programme rules.

422 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

2.2 Project Partner Details - Partner 5

LP/PP	Project Partner		
Partner Status	Active		
Active from	22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Sociālās inovācijas centrs (26 / 250 characters)
Organisation in English	Social innovation centre (24 / 250 characters)
Department in original language	N / A (5 / 250 characters)
Department in English	N / A (5 / 250 characters)

Partner location and website:

Address	Upeslejas (9 / 250 characters)	**Country**	Latvia
Postal Code	LV 2124 (7 / 250 characters)	**NUTS1 code**	Latvija
Town	Daugmale, Ķekavas novads (24 / 250 characters)	**NUTS2 code**	Latvija
Website	www.socialinnovation.lv (23 / 100 characters)	**NUTS3 code**	Pierīga

Partner ID:

Organisation ID type	Unified registration number (Vienotais reģistrācijas numurs)
Organisation ID	40008159565
VAT Number Format	LV + 11 digits
VAT Number	**N/A** ☑ (0 / 50 characters)
PIC	943231881 (9 / 9 characters)

Partner type:

Legal status	b) Private

Type of partner	NGO	Non-governmental organisations, such as Greenpeace, WWF, etc.
Sector (NACE)	94.99 - Activities of other membership organisations n.e.c.	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Financial data	**Reference period**	01/01/2020 –	31/12/2020
	Staff headcount [in annual work units (AWU)]		15.0
	Employees [in AWU]		6.0
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		6.0
	Owner-managers [in AWU]		3.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]		238,383.00
	Annual balance sheet total [in EUR]		238,383.00
	Operating profit [in EUR]		26,062.00

Role of the partner organisation in this project:

The role of the partner is rooted in the experience of over 10 years with more than 6000 learners engaged in different seminars, workshops, as well as experienced in the creation of online educational materials, platforms, augmented reality and special needs engagement methods. Since the project's need is based on the necessity efficiently engage with society, testing the usability of the specific tools in an educational and engaging manner, the experience of the organization is significant. The competencies of key personnel: innovation, society challenges, ICT, education and web solutions.

In the project, the main role of the SIC is twofold: a) support actively process of development towards relevant tools selection and organization of these tools and methods into the harmonized toolbox concept in WP 1; b) pilot concept with the selected target group in Latvia in WP 2. The minor will entitle also dissemination and communication activities, in Latvia in WP 3.

976 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 6

LP/PP	Project Partner		
Partner Status	Active		
	Active from	22/09/2022	**Inactive from**

Partner name:

Organisation in original language	Hochschule Flensburg
	20 / 250 characters
Organisation in English	Flensburg University of Applied Sciences
	40 / 250 characters
Department in original language	Institut für eHealth und Management im Gesundheitswesen
	55 / 250 characters
Department in English	Institute for eHealth and Management in Health Care
	52 / 250 characters

Partner location and website:

Address	Kanzleistr. 91-93 (18 / 250 characters)	**Country**	Germany
Postal Code	24943 (6 / 250 characters)	**NUTS1 code**	Schleswig-Holstein
Town	Flensburg (10 / 250 characters)	**NUTS2 code**	Schleswig-Holstein
Website	www.hs-flensburg.de (19 / 100 characters)	**NUTS3 code**	Flensburg, Kreisfreie Stadt

Partner ID:

Organisation ID type	Tax (identification) number (Steuer(identifikations)nummer)
Organisation ID	DE164958659 (11 / 50 characters)
VAT Number Format	DE + 9 digits
VAT Number	N/A ☐ DE164958659 (11 / 50 characters)
PIC	949264602 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

FUAS will serve as a lead in WP 1 and WP 2 and will contribute in all three WPs.
In WP 1, FUAS will be a lead and also work to develop the toolbox and to capture needs and requirements from a German perspective.
In WP 2, FUAS will be a lead and help coordinate the learnings from pilot projects across countries as well as to develop an evaluation strategy.
In WP 3, FUAS will work to develop the dissemination strategy and to capture needs and requirements from a German perspective. FUAS will work collaboratively with the associated partners from the Ministry of State Government (Schleswig-Holstein). FUAS will also leverage its collaborative partnership with the local healthcare delivery system to include frontline workers perspective.

744 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

The Flensburg University of Applied Sciences' (FUAS') public authority tasks are research and education, i.e. knowledge transfer to the public. Accordingly, the project work conducted at FUAS for the eHealth Toolbox project will also be limited to knowledge transfer and the project work will not have an economic benefit for FUAS.

331 / 3,000 characters

2.2 Project Partner Details - Partner 7

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Rīgas Stradiņa universitāte

27 / 250 characters

Organisation in English Rīga Stradiņš University

24 / 250 characters

Department in original language Sabiedrības veselības institūts

31 / 250 characters

Department in English Institute of Public Health

26 / 250 characters

Partner location and website:

Address Dzirciema iela 16, Kurzemes rajons

34 / 250 characters

Postal Code LV-1007

7 / 250 characters

Town Riga

4 / 250 characters

Website www.rsu.lv

10 / 100 characters

Country Latvia

NUTS1 code Latvija

NUTS2 code Latvija

NUTS3 code Rīga

Partner ID:

Organisation ID type Unified registration number (Vienotais reģistrācijas numurs)

Organisation ID 90000013771

VAT Number Format LV + 11 digits

VAT Number N/A ☐ LV90000013771

13 / 50 characters

PIC 999843118

9 / 9 characters

Partner type:

Legal status a) Public

Type of partner Higher education and research instituti | University faculty, college, research institution, RTD facility, research cluster, etc.

Sector (NACE) 85.42 - Tertiary education

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Role of the partner organisation in this project:

Rīga Stradiņš University will focus on WP1 and participate in all activities including organization a user & stakeholder needs workshop. RSU will take part in Phase 3 “Test” of WP2 and focuses on testing the prototypes with different user & stakeholder groups for different use case scenarios. The prototype solutions will be evaluated. RSU will participate in activities of WP3: In phase 1 “Test”, we will continue to test the close-to-final-prototypes with different user groups & stakeholders in different use case scenarios and countries. The main focus will be phase 2 “Transfer”. In this phase and as soon the close-to-final-prototype will be identified, we will participate in development & implementation a dissemination & communication strategy to scale the toolbox solution. Based on this, we will start to disseminate the solution across user groups & stakeholders. For this purpose, we may conduct dissemination events in target communities and health care delivery organizations.

995 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner’s activities are not State aid relevant

The project does not support it's beneficiaries selectively, it does not give an advantage to specific companies or sectors in the regions it will be implemented. In addition to that the project does not strengthen the positions of its beneficiaries in relation to other competitors. Likewise the project does not give an advantage to any economic operator outside the project partnership.

390 / 3,000 characters

2.2 Project Partner Details - Partner 8

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Etelä-Pohjanmaan liitto

23 / 250 characters

Organisation in English Regional Council of South Ostrobothnia

38 / 250 characters

Department in original language N / A

5 / 250 characters

Department in English N / A

5 / 250 characters

Partner location and website:

Address Kampusranta 9C

14 / 250 characters

Country Finland

Postal Code	60100 (5 / 250 characters)	**NUTS1 code**	Manner-Suomi
Town	Seinäjoki (9 / 250 characters)	**NUTS2 code**	Länsi-Suomi
Website	www.epliitto.fi/en/ (19 / 100 characters)	**NUTS3 code**	Etelä-Pohjanmaa

Partner ID:

Organisation ID type	Business Identity Code (Y-tunnus)
Organisation ID	0955281-3
VAT Number Format	FI + 8 digits
VAT Number	N/A ☐ FI09552813 (10 / 50 characters)
PIC	953755508 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Regional public authority	Regional council, etc.
Sector (NACE)	84.11 - General public administration activities	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? Yes

Role of the partner organisation in this project:

Regional Council of South Ostrobothnia (RCSO) will work as a supporting partner for SeAMK/LP. RCSO will participate specially to work packages 1 and 3. WP1 where initial background is gathered, stakeholders contacted, and data gathered, RCSO will work together with SeAMK to engage stakeholders in the region. In WP3 transferring of results, RCSO's role is to develop and implement a dissemination & communication strategy together with other partners to scale the toolbox solution in Finland. Also, planning and organizing dissemination events in the region together with SeAMK. In WP 2 RCSO has a supporting role in the piloting activities from a regional decision maker's point of view.

As a regional authority, RCSO will ensure that results of the project are distributed to the whole region. Role is also a responsible organization of the Regional Programme which distributes EU-funds in the region of South Ostrobothnia.

929 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

2.2 Project Partner Details - Partner 9

LP/PP	Project Partner		
Partner Status	Active		
	Active from 22/09/2022	**Inactive from**	

Partner name:

Organisation in original language	Lietuvos sveikatos mokslų universitetas (LSMU) (46 / 250 characters)

Organisation in English	Lithuanian University of Health Sciences (LSMU) (47 / 250 characters)
Department in original language	Sveikatos tyrimų institutas (27 / 250 characters)
Department in English	Health Research Institute (25 / 250 characters)

Partner location and website:

Address	A. Mickevičiaus g. 9 (20 / 250 characters)	**Country**	Lithuania
Postal Code	LT-44307 (8 / 250 characters)	**NUTS1 code**	Lietuva
Town	Kaunas (6 / 250 characters)	**NUTS2 code**	Vidurio ir vakarų Lietuvos regionas
Website	www.lsmuni.lt (13 / 100 characters)	**NUTS3 code**	Kauno apskritis

Partner ID:

Organisation ID type	Legal person's code (Juridinio asmens kodas)
Organisation ID	302536989
VAT Number Format	LT + 12 digits
VAT Number	N/A ☐ LT100005579315 (14 / 50 characters)
PIC	972782446 (9 / 9 characters)

Partner type:

Legal status	a) Public	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities?	No

Role of the partner organisation in this project:

Lithuanian University of Applied Sciences – WHO Collaborating Centre for prevention of non-communicable diseases works in the all WP's of the eHealth Toolbox project. In WP 1, LSMU will work to develop the toolbox and to capture needs and requirements from a Lithuanian perspective. In WP 2, LSMU will participate in piloting the toolbox. In WP 3, LSMU will work to develop the dissemination strategy and to capture needs and requirements from a Lithuanian perspective. LSMU will also participate in project adminiistration according to the programme rules.

560 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ○ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

○ Yes ○ No

Justification why the partner's activities are not State aid relevant

The project does not support it's beneficiaries selectively, it does not give an advantage to specific companies or sectors in the regions it will be implemented. In addition to that the project does not strengthen the positions of its beneficiaries in relation to other competitors. Likewise the project does not give an advantage to any economic operator outside the project partnership.

390 / 3,000 characters

2.2 Project Partner Details - Partner 10

LP/PP Project Partner

Partner Status Active

Active from 22/09/2022 **Inactive from**

Partner name:

Organisation in original language Akademia Leona Koźmińskiego

27 / 250 characters

Organisation in English Kozminski University

20 / 250 characters

Department in original language Zakład Ekonomiki Zdrowia i Zarządzania Opieką Zdrowotną

55 / 250 characters

Department in English Division of Health Economics and Healthcare Management

54 / 250 characters

Partner location and website:

Address Jagiellonska 59

15 / 250 characters

Postal Code 03-301

6 / 250 characters

Town Warsaw

6 / 250 characters

Website www.kozminski.edu.pl

20 / 100 characters

Country Poland

NUTS1 code Makroregion województwo mazowieckie

NUTS2 code Warszawski stołeczny

NUTS3 code Miasto Warszawa

Partner ID:

Organisation ID type Tax identification number (NIP)

Organisation ID 5241005438

VAT Number Format PL + 10 digits

VAT Number **N/A** ☐ PL5241005438

12 / 50 characters

PIC 997317432

9 / 9 characters

Partner type:

Legal status	b) Private	
Type of partner	Higher education and research instituti	University faculty, college, research institution, RTD facility, research cluster, etc.
Sector (NACE)	85.42 - Tertiary education	

Partner financial data:

Is your organisation entitled to recover VAT related to the EU funded project activities? No

Financial data	**Reference period**	01/01/2020 –	31/12/2020
	Staff headcount [in annual work units (AWU)]		904.0
	Employees [in AWU]		452.0
	Persons working for the organisation being subordinated to it and considered to be employees under national law [in AWU]		452.0
	Owner-managers [in AWU]		0.0
	Partners engaged in a regular activity in the organisation and benefiting from financial advantages from the organisation [in AWU]		0.0
	Annual turnover [in EUR]		22,484,480.00
	Annual balance sheet total [in EUR]		10,336,666.00
	Operating profit [in EUR]		994,924.00

Role of the partner organisation in this project:

KU is a business-oriented, one of the oldest non-public higher education institutions in Poland with almost 30 years of educational experience, with a wide experience in international projects. As the current project partner, it will take part in all three WPs. In WP1 KU will represent the Polish perspective in the selection of health conditions, identification of user groups and stakeholders, and designing the elements of the eHealth toolbox. In WP2 KU will pilot, evaluate, and adjust chosen digital health tools. In WP3 KU will work collaboratively to analyze the usefulness of the toolbox for Poland and to develop the dissemination strategy to capture a Polish perspective. KU will closely cooperate with its associated partner CSK MSWiA.

747 / 1,000 characters

Has this organisation ever been a partner in the project(s) implemented in the Interreg Baltic Sea Region Programme?

○ Yes ◉ No

State aid relevance

For the partner type selected, the Programme sees a medium to high risk for implementing State aid relevant activities. If the partner is of the opinion that its activities are not State aid relevant, it can ask the MA/JS for a plausibility check on the State aid relevance. Does the partner want to do this?

◉ Yes ○ No

Justification why the partner's activities are not State aid relevant

The project does not support it's beneficiaries selectively, it does not give an advantage to specific companies or sectors in the regions it will be implemented. In addition to that the project does not strengthen the positions of its beneficiaries in relation to other competitors. Likewise the project does not give an advantage to any economic operator outside the project partnership.

390 / 3,000 characters

2.3 Associated Organisation Details - AO 1

Associated organisation name and type:

Organisation in original language
Ministerium für Soziales, Gesundheit, Jugend, Familie und Senioren
66 / 250 characters

Organisation in English
Ministry of Social Affairs, Health, Youth, Family and Senior Citizens
69 / 250 characters

Department in original language
Gesundheitsabteilung
20 / 250 characters

Department in English
Department of Health
20 / 250 characters

Legal status
a) Public

Type of associated organisation
Regional public authority
Regional council, etc.

Associated organisation location and website:

Address
Adolf-Westphal-Str. 4
21 / 250 characters

Country
Germany

Postal Code
24143
5 / 250 characters

Town
Kiel
4 / 250 characters

Website
www.schleswig-holstein.de/DE/Landesregierung/VIII/viii_node.html
64 / 100 characters

Role of the associated organisation in this project:

The Ministry of Social Affairs, Health, Youth, Family and Senior Citizens would take place as content expert in workpackage 1: development of the solution and multiplicator in workpackage 3: tranfer. In detail that means attending workshops and meetings.
254 / 1,000 characters

2.3 Associated Organisation Details - AO 2

Associated organisation name and type:

Organisation in original language: Centralny Szpital Kliniczny MSWiA w Warszawie
45 / 250 characters

Organisation in English: Central Clinical Hospital of the Ministry of Interior and Administration in Warsaw
82 / 250 characters

Department in original language: N / A
5 / 250 characters

Department in English: N / A
5 / 250 characters

Legal status: a) Public

Type of associated organisation: Hospital and medical centre

Hospital, medical centre, other health care centres and facilities, etc.

Associated organisation location and website:

Address: 137 Woloska st
14 / 250 characters

Country: Poland

Postal Code: 02-507
7 / 250 characters

Town: Warsaw
6 / 250 characters

Website: www.gov.pl/web/cskmswia
23 / 100 characters

Role of the associated organisation in this project:

The Central Clinical Hospital of the Ministry of Interior and Administration is a public institution, which administers medical units of the central hospital, as well as many specialistic outpatient clinics based in the Mazowieckie Voivodeship. Thus, it will work as a supporting partner for KU in WP1 – to organize the workshop with both patients and clinicians to understand how they define digital literacy, and WP3 – to develop and implement a dissemination & communication strategy together with other partners to scale the toolbox solution in Poland.

556 / 1,000 characters

2.3 Associated Organisation Details - AO 3

Associated organisation name and type:

Organisation in original language: Region Nordjylland (18 / 250 characters)

Organisation in English: North Denmark Region (20 / 250 characters)

Department in original language: Regional Udvikling (18 / 250 characters)

Department in English: Regional Development (20 / 250 characters)

Legal status: a) Public

Type of associated organisation: Regional public authority — Regional council, etc.

Associated organisation location and website:

Address: Niels Bohrs Vej 30 (18 / 250 characters)

Country: Denmark

Postal Code: 9220 (4 / 250 characters)

Town: Aalborg (7 / 250 characters)

Website: http://rn.dk (12 / 100 characters)

Role of the associated organisation in this project:

North Denmark Region will be responsible for testing of the toolbox elements in relation to new and existing digital solution for multimobid citizen in WP 2 The testing will be handled in relation to a regional cooperation with the north Denmark municipalities as well as regional research and education organisations. The testing will be financed from own resources.

367 / 1,000 characters

3. Relevance

3.1 Context and challenge

The project aims to foster resilient economies and communities by improving the area of digital health literacy and eHealth competencies.

Demographic changes together with overall globalization and digitalisation and ongoing health and geopolitical crises challenge healthcare systems worldwide. Therefore, there is a need to develop cross-boarder solutions to engage and empower people in their health care regardless of their actual location or persistence. Since the sudden onset of Covid-19, the urgency for digital health tools as well respective regulations, assessment etc. has risen in many countries.

The digitalisation of health care delivery is a promising approach to improve the quality, the efficiency and the patient empowerment of health services. Digital health data sets may accelerate health research, improve clinical decision support and even stimulate business development.

However, the successful implementation of digital tools poses many adoption challenges (e.g., the lack of digital health literacy/acceptance/trust/usability/data harmonization) to different stakeholders and end-users (e.g., citizens, patients, health care professionals). To improve the adoption of digital health service interventions, it is necessary to assess early on the readiness of adoption on a personal (e.g. the digital health literacy, acceptance and trust in the solution of future end-users) as well as an organizational level. The implementation requires multi-stakeholder involvement, relevant support networks and coordinated engagement processes of expertise that may not be available in oneself organizations or institutions.

1,644 / 2,000 characters

3.2 Transnational value of the project

The projects partners represent some of the fastest aging countries in Europe and share a common challenge. The decline in the functional capacity of older adults and the need for support is difficult to address, mainly because health and well-being risk factors are often invisible to the care system, local communities, and even the target person. A person's lifestyle usually does not change if the need for support is not obvious, this also applies to the possibility or willingness to receive external support. Mainly for these reasons, support cannot be directed in time. This is a difficult challenge for the European countries, and they would benefit by innovating in a joint effort and sharing lessons learned.

The digital transformation of healthcare is a promising approach to tackle the challenges described, however, the maturity of the digital transformation is at different levels in different countries around the Baltic Sea region. Despite the national differences, there are also many similarities in challenges that the project can address. The countries that have gone further in their digital development have several lessons to share with the countries that have just begun their journey. Likewise, the latter have a clarity and an open eye that can be of great help to the former to identify systematic obstacles and aggravating processes.

Today, health care consists of a system that tests, diagnoses and treats patients, while citizens have another system in the form of smart phones, IoT devices and various forms of sensors that collect their data. However, the data from personal tracking device is usually not shared for different reasons. By exchanging experiences about national underlying structures around the digital transformation of healthcare, best practices and good examples can be highlighted in national development processes and accelerate development work in the regional and the national transformation of health care.

1,965 / 2,000 characters

3.3 Target groups

Target group	Sector and geographical coverage	Its role and needs
Hospital and medical centre	All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries. (383 / 500 characters)	Clinicians and healthcare delivery organizations tasked with the implementation of eHealth solutions may lack the expertise and/or experience to assess the readiness to adoption in their end-user populations, and thus, jeopardize the successful implementation. Therefore, they need effective and easy-to use tools to support successful implementation even if no previous experience exists. Feedback from clinicians and healthcare delivery organizations on their experiences and needs for support and pain points in implementation of eHealth applications will be obtained. Also, clinicians and/or healthcare delivery organizations will test prototypes of the eHealth toolbox to support implementation and provide feedback on usability of the toolbox. (749 / 1,000 characters)

Target group	Sector and geographical coverage	Its role and needs
Local public authority	From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project. 209 / 500 characters	Depending on the local structure of the healthcare system, local public authorities may be task with implementing eHealth solutions to better serve the local population with health services. However, they may lack the expertise and/or experience to assess the readiness to adoption in their end-user populations, and thus, jeopardize the successful implementation. Therefore, they need effective and easy-to use tools to support successful implementation even if no previous experience exists. Feedback from representatives of local public authorities on their experiences and needs for support and pain points in implementation of eHealth applications will be obtained. If they have involvement in the pilots, feedback on their experiences in testing the prototypes of the eHealth toolbox will be obtained. And lastly, they may support the dissemination of the toolbox. 870 / 1,000 characters
Regional public authority	From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project. 215 / 500 characters	Depending on the local structure of the healthcare system, regional public authorities may be task with implementing eHealth solutions to better serve the regional population with health services. However, they may lack the expertise and/or experience to assess the readiness to adoption in their end-user populations, and thus, jeopardize the successful implementation. Therefore, they need effective and easy-to use tools to support successful implementation even if no previous experience exists. Feedback from representatives of local regional authorities on their experiences and needs for support and pain points in implementation of eHealth applications will be obtained. If they have involvement in the pilots, feedback on their experiences in testing the prototypes of the eHealth toolbox will be obtained. And lastly, they may support the dissemination of the toolbox. 878 / 1,000 characters
Small and medium enterprise	At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project. 232 / 500 characters	Small and medium enterprises may be providers of eHealth applications and interested in successful implementation of their solutions. They may know typical struggles of their customers and end-users in implementation and therefore a good source of information of end-users' pain points and needs during implementation. Or they may be interested in supporting their customers and end-users in the implementation journey, but may not know how to best approach it. Therefore, they serve in both of these capacities in the project: as an information and lessons learned giver and information and lessons learned receiver. 617 / 1,000 characters

3.4 Project objective

Your project objective should contribute to:

Resilient economies and communities

We propose to develop, pilot and evaluate an easy-to-use toolbox to assess and to foster digital health literacy and eHealth competencies in end-users. The toolbox will include an assessment tool to determine the level of readiness to adopt of user populations in institutions, organizations or even regions. Based on the readiness level, a roadmap and recommendations on how to improve digital health literacy and eHealth competencies, if needed. The target user groups of the toolbox are health care delivery systems, local/regional public authorities and/or other institutions that plan to implement digital and eHealth service solutions and may lack the expertise to assess and foster literacy and competencies in their end-users.

The successful implementation of digital tools poses many adoption challenges (e.g., the lack of digital health literacy/acceptance/trust/usability/data harmonization) to different stakeholders and end-users (e.g., citizens, patients, health care professionals). Thus, the implementation of eHealth solutions re-quires due to its complexity and existing gaps a multi-stakeholder involvement, relevant support networks and coordinated engagement processes of expertise that may not be available in oneself organizations or institutions.

Therefore, the objective of the toolbox is to 1) assess readiness in individuals and organizations, 2) to map the readiness based on a maturity model, and 3) to foster readiness by providing guidance and training to improve capabilities and by removing motivational barriers.

The toolbox will provide readily available tools that can be used by laypeople that are not necessarily trained or experienced in the implementation of digital health care solutions and the assessment of readiness of users and organization. The tools in the toolbox may provide guidance and easy-to-use tools to apply for such tasks and therefore may promote the successful implementation of eHealth technologies and applications.

1,982 / 2,000 characters

3.5 Project's contribution to the EU Strategy for the Baltic Sea Region

Please indicate whether your project contributes to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (EUSBSR).

◉ Yes ○ No

Please select which Policy Area of the EUSBSR your project contributes to most.

PA Health

Please list the action of this Policy Area that your project contributes to and explain how.

In a framework of the European Union Strategy for the Baltic Sea Region, Policy Area Health focuses on improving and promoting the health of people in the Baltic Sea region. Actions are promoting active and healthy ageing to address the challenges of demographic change, engaging and better utilizing stakeholders from other sectors to promote a "Health in All Policies" approach with focus on the impact of environmental factors, and especially climate change on human health; and increasing stakeholder and institutional capacity to tackle regional health challenges. As highlighted by the PA Health, optimizing opportunities for good health at all stages of life will ensure that people can maintain independence and increase their social and economic participation in society, while reducing healthcare costs.

The countries of the Baltic Sea region in this project have similar issues around well-being and health, especially in the case of a rapidly aging population. The proposed project contributes to EUSBSR by addressing and decreasing health disparities via designing and testing an eToolkit that will help professionals in care to assess and foster eHealth literacy and acceptance in their patients and therefore promote successful adoption of eHealth solutions.

1,276 / 1,500 characters

If applicable, please describe which other Policy Areas of the EUSBSR your project contributes to and how.

The PA Innovation requests for transnational platforms and change agents to connect BSR innovation ecosystems with co-creative and open innovation as key innovation methods. One of the activities is the first website that gives access to expert knowledge and research results on the subject of designing for seniors. The eHealth Toolbox project contributes to the PA Innovation by promoting the successful implementation of eHealth tools to promote health. It also serves as a transnational platform of learning and innovating. The project will utilize the design thinking methodology which includes end-users and allow co-creation among relevant stakeholders. In addition, the project may also utilize the expert knowledge platform for designing for seniors and may contribute new learnings from the project. Thus, synergies will be created and goals of the PA Innovation promoted.

Policy Area Education aims to strengthening the social dimension of the EU Strategy for the Baltic Sea Region. The Policy Area covers four areas: education, science, employability and integration of migrants. The eHealth Toolbox project contributes to the objectives of the PA Education by promoting digital (health) literacy among citizens. The successful implementation of eHealth solutions contributes to an effective, inclusive and accessible health care system and therefore to overall improved well-being. The project will also foster the learning across countries and promote applied research collaborations.

1,499 / 1,500 characters

3.6 Other political and strategic background of the project

Strategic documents
Building a European Health Union communication sets European health care challenges: an ageing population and chronic diseases that puts pressure on health budgets, unequal quality and access to healthcare services, and shortage of health professionals. Thus, the European Commission supports various efforts to foster the digital transformation of health care systems. Our eHealth Toolbox project aligns well with these actions and supports objectives of the European commission.
480 / 500 characters

3.7 Seed money support

Please indicate whether your project is based on a seed money project implemented in the Interreg Baltic Sea Region Programme 2014-2020.

○ Yes ◉ No

3.8 Other projects: use of results and planned cooperation

Full name of the project	Funding Source	Use of the project outcomes and/or planned cooperation
eHealth for Regions Network 27 / 200 characters	Membership fees 15 / 200 characters	The eHealth for Regions network resulted from the “eHealth for Regions” project (2004-2007) which was part-financed by the European Union within the frame of the Baltic Sea Region Interreg III B programme. Since 2007, the network has taken on the task of improving the understanding of eHealth in society. The network includes a diverse group of relevant actors from the healthcare sector to work together to achieve our goals and visions. We established regular meetings to discuss current challenges in the different partner countries and to exchange experiences and knowledge. The network can be seen as an incubator of innovative ideas in the field of eHealth. Members of the network are collaborating and participating in this project proposal and showcase the working collaborative relationship of this consortiums. The webpage of the eHealth for Regions network can be used to promote the project and help to disseminate and sustain the provision of the eHealth toolbox. 977 / 1,000 characters

3.10 Horizontal principles

Horizontal principles	Projects's direct impact
Sustainable development	neutral
Non-discrimination including accessibility	positive
Equality between men and women	neutral

4. Management

Allocated budget 20%

4.1 Project management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the project management as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the project management, e.g. external entity supporting the lead partner in the management of the project, advisory board, steering committee, any other relevant working groups, etc.

The Lead Partner Seinäjoki University of Applied Sciences will nominate a part time project manager for the project. SeAMK will also hire an external company to assist in the project management concerning administration and reporting. The company will be tendered following national and EU legislation and programme rules. The steering committee with the representatives of all project partners and target groups will be nominated for the eHealth Toolbox project at the beginning of the project.

496 / 500 characters

4.2 Project financial management

☑ **Please confirm that the lead partner and all project partners will comply with the rules for the financial management and control as described in the Programme Manual.**

If relevant, please indicate any other important aspects of the financial management, e.g. external entity supporting the lead partner, positions planned for financial management, involvement of special financial experts (e.g. for public procurement), etc.

The Lead Partner SeAMK will hire an external company to assist in the project management concerning financial issues, e.g public procurement. The company will be tendered following national and EU legislation and programme rules. The Lead Partner's financial department will nominate a financial officer in charge of the eHealth Toolbox project financial issues and project secretary for the continuing administration and follow-up. Both tasks will be part time based.

469 / 500 characters

4.3 Input to Programme communication

☑ **Please confirm that you are aware of the obligatory inputs to Programme communication that must be submitted along the pre-defined progress reports, as described in the Programme Manual.**

If relevant, please describe other important aspects of project communication that you plan to introduce, e.g. a communication plan, opening and closing events, social media channel(s) etc.

Intellectual Outputs and Project Outcomes will be available and accessible to the public.

The toolkit will be available at the website of each partner and the social media page of each partner will contain post and links related to the material developed. In this way a big public can have the access to the results of the project.

The sharing and promotion strategy will be based on the Dissemination Plan document, which will need to be updated throughout the lifetime of the project.

490 / 500 characters

4.4 Cooperation criteria

Please select the cooperation criteria that apply to your project. In your project you need to apply at least three cooperation criteria. Joint development and joint implementation are the obligatory ones you need to fulfill in your project.

Cooperation criteria	
Joint Development	☑
Joint Implementation	☑
Joint Staffing	☐
Joint Financing	☑

5. Work Plan

Number	Work Package Name
1	Preparing solutions

Number	Group of Activity Name
1.1	Overall communication and alignment of selected health conditions and user cases
1.2	First Version of eHealth Toolbox

Number	Work Package Name
2	Piloting and evaluating solutions

Number	Group of Activity Name
2.1	Work package preparations
2.2	Pilot preparations
2.3	Pilot testing
2.4	Pilot Evaluation and Report
2.5	Test model for digital eHealth tools

Number	Work Package Name
3	Transferring solutions

Number	Group of Activity Name
3.1	Transferability, sustainability and dissemination of the toolbox in the BSR region
3.2	Transferability implementation
3.3	Pan-BSR dissemination, sustainability and impact strategy

Work plan overview

Period:	1	2	3	4	5	6	Leader
WP.1: Preparing solutions							**PP4**
A.1.1: Overall communication and alignment of selected health conditions and user cases							PP4
D.1.1: Reports of the kick-off and user/stakeholder workshops with identified tools		D					
A.1.2: First Version of eHealth Toolbox							PP4
O.1.2: Assessment of readiness and proposal for proper foundation for a toolbox	O	O					
WP.2: Piloting and evaluating solutions							**PP2**
A.2.1: Work package preparations							PP2
D.2.1: Evaluation framework incl report on digital health literacy, guidelines and implementation strategy			D				
A.2.2: Pilot preparations							PP2
D.2.2: Pilot design, implementation and local adaption strategy & customized scenarios from assessments			D	D			
A.2.3: Pilot testing							PP2
D.2.3: Pilot testing and feedback report				D			
A.2.4: Pilot Evaluation and Report							PP6
D.2.4: Pilot Evaluation					D		
A.2.5: Test model for digital eHealth tools							PP6
O.2.5: Test model for digital eHealth tools					O		
WP.3: Transferring solutions							**PP2**
A.3.1: Transferability, sustainability and dissemination of the toolbox in the BSR region							PP2
D.3.1: Transfer Strategy Guidelines				D	D		
A.3.2: Transferability implementation							PP5
O.3.2: National transferability activities, Assessment of transferability and Analysis of the toolbox tools			O	O	O	O	
A.3.3: Pan-BSR dissemination, sustainability and impact strategy							PP5
O.3.3: Pan-BSR dissemination, sustainability and impact strategy					O	O	

Outputs and deliverables overview

Code	Title	Description	Contribution to the output	Output/ deliverable contains an investment
D 1.1	Reports of the kick-off and user/stakeholder workshops with identified tools	D 1.1 general assessment of the readiness of public institutions to implement digital health innovation D 1.2 general insights and assessment of skills level of digital health literacy skills D 1.3 is focused on collecting workshops findings into the report that will serve as a basis for toolbox creation. D 1.4 Toolbox version 1.0 creation for piloting.	The deliverables contributes to the development of O 1.1 (toolbox v. 1.0)	

O 1.2	Assessment of readiness and proposal for proper foundation for a toolbox	O 1.1 is the first version of eHealth toolbox which will be piloted with different stakeholders, i.e. real users during WP2. O1.1 will be built up based on the agreements made during country-specific stakeholders' workshops to identify health conditions and user cases. Toolbox v 1.0 will be the test version that involves pre-project research on different available digital health tools and additional input collected from stakeholders.		
D 2.1	Evaluation framework incl report on digital health literacy, guidelines and implementation strategy	The project will begin the Pilot testing based on the assessment of the patient's general digital health literacy through already available tools and assessment apps. Existing questionnaires will be translated and adapted, if there is apps that will be used they will be translated into the consortiums national languages or have instructions translated into the different languages. Patients and citizens will be approached through patient organisations, non-formal groups, e-mail, targeted social media posts to non-medical institutions, while municipalities and care providers can use other tools and methods to reach out. This activity will result in individual assessment of different patient groups and clustering of the results in several, main levels. Design criteria for evaluation of the pilot tests and choose evaluation methods to give the project national lessons as well as transnational value.	O 2.5	
D 2.2	Pilot design, implementation and local adaption strategy & customized scenarios from assessments	Design guidelines and strategies for conducting the pilot tests, collecting user feedback and evaluating the tests based on golden standard design thinking principles. Based on the results of the work packages earlier deliveries, the consortium will select the most relevant digital literacy tools to be tested to increase digital competence, resulting in better quality of care. Design guidelines and strategies for conducting the pilot tests, collecting user feedback and evaluating the tests based on golden standard design thinking principles. Based on the results of the work packages earlier deliveries, the consortium will select the most relevant digital literacy tools to be tested to increase digital competence, resulting in better quality of care. The local adaptations is collected during WP1 and previous activities in WP2.	O 2.5	
D 2.3	Pilot testing and feedback report	The results of the advisory feedback given by partners and consultation will be used for the learning and identification of best practices in the implementation of the solution.	O 2.5	
D 2.4	Pilot Evaluation	The purpose of this deliverable is to collect experiences, feedback and evaluation will be evaluated according to the specified evaluation criteria. Both quantitative and qualitative data collected will be analysed based on appropriate methods, including maximum variance sampling. The evaluation of the pilot tests will be discussed at the work package's final meeting, where there will also be a workshop aimed at relevant stakeholders in hospitals and care stations.	O 2.5	
O 2.5	Test model for digital eHealth tools	During WP 2 we will develop multiple prototypes from different user case scenarios in different countries which are tested and evaluated, provide each other structured advice and feedback on the pilot tests and evaluations and compile sub-reports and final report of global and country-specific learnings. The aim for the ideation phase is to identify possible solutions by defining features and functions of the tools to assess and develop digital health literacy including the perspectives of acceptance, trust and motivation. We will also identify customization opportunities for different maturity levels – and if any, cultural differences. Finally we are planning and conducting ideation workshops to foster cross-country exchange as well as to expand the solution space and innovation opportunities. The aim for the prototype phase is to sketch solution modules and build prototypes for user-centric iterative testing. Based on the feedback, multiple prototypes may be built and tested. To foster cross-country exchange, a "Prototype Challenge" Workshop (e.g. hackathon) will be planned and conducted. Finally the test phase will overlap with the iterative prototype cycles and has the aim to test the prototypes with different user- and stakeholder groups for different user case-scenarios in the different countries. The prototyped solutions will be evaluated and improved based on the feedback and retested in an iterative cycle. The results of the testing will be shared in a cross-country workshop to identify global and country-specific learnings.		
D 3.1	Transfer Strategy Guidelines	National transferability activities After piloting in WP2, next stage of the project is dedicated to execute successful transferability. This will involve application of communication and dissemination strategy to direct target group, online and offline explanatory educational materials and events dedicated to explain the benefit of the created toolbox tools. Initially 5 - 15 role models have to be selected in each country to run the transferability activities per country. They will become ''trainers'' or learning transferability entities for next set of the transferability partners. Assessment of transferability among selected target group role models (deliverable national case study report) The following stage is assessment of role models and through the supportive actions, follow up on the transferability success, namely, regular observations and support towards implementation of the assessment. At this stage, based on the national observations, improvements of the toolbox are still relevant, as long as technically possible to improve the usability of created solution and to make better adaptability. Analysis of the most useful toolbox tools, less used, GAP analysis and improvement process (deliverable Usability/Applicability report) At this stage, national analysis of the most used, least used tools, issues and GAP analysis is foreseen to reflect local transferability status. Inputs towards the sustainability strategy are foreseen based on the gained observations. Communication and dissemination plan (pan-BSR plan, adapted to the national needs) Sustainability and impact strategy (report and committee formation)	All Project Outputs	

O 3.2	National transferability activities, Assessment of transferability and Analysis of the toolbox tools	Transferability implementation is a set of out coordinated national and pan-BSR activities co-ordinately and efficiency run smooth transferability of the most relevant tools of the toolbox at both – BSR and national level. The ultimate goal is to find as many as possible pan-BSR transferability tools, to assure harmonisation of the approaches and seek for common in different. In situation when pan-BSR approach cannot be adapted due to different infrastructural limitations, clinical settings, attitude of society or other challenges, the most efficient pan-country solutions should be implemented. The approach should always focus on the most relevant pan-BSR transferability options. Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.		
O 3.3	Pan-BSR dissemination, sustainability and impact strategy	Dissemination includes communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development. This output constitutes of two group of the activities - sustainability and impact strategy and communication and dissemination plan. The main aim of the output should be achieved by implementation of the activities, resulting in the sustainability and impact report and pan-BSR committee's network, consisting of the national sustainability and impact committees. The sustainability and impact report should guide on the proper mechanisms to guarantee long term sustainability beyond the project's life cycle. Important element is impact assessment of the outputs implemented and their impact and national and BSR level. This is going to be achieved through the classical social impact case measurement methodology. Finally, the activity of the sustainability and impact committee is designed to support and monitor long-term implementation of the toolbox, sharing national observation from the national sustainability and impact committees, serving a support contact point services. The output follows up successful implementation of activity, resulting in the tangible deliverables, but also contributes to the long-lasting sustainable digital health literacy process within BSR region. Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.		

Work package 1

5.1 Preparing solutions

5.2 Aim of the work package

The aim of this work package is to prepare solutions to help address the identified challenge. You can either develop entirely new solutions or adapt existing solutions to the needs of your target groups. Prepare your solutions in a way that you can pilot them in Work Package 2. Consider how you involve your target groups in preparation of the solutions.
Organise your activities in up to five groups of activities to present the actions you plan to implement. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 4 - Tallinn University of Technology (TalTech)

Work package leader 2 PP 6 - Flensburg University of Applied Sciences

5.4 Work package budget

Work package budget 20%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries. 383 / 500 characters	Hospitals and medical centres are the users of the toolbox from different stakeholders' perspective as they involve various types of health and social care professionals (e.g. physicians, nurses, midwives, carers, social workers) as well as patients. At a wider context, it is important to involve hospitals and medical centers as these enable wider usage of the toolbox from different aspects (e.g. technical, technological, legal and regulatory, etc.) of organizational usage and implementation of a change. During WP1, several different hospitals and medical centres will be involved to enable the selection of piloted health conditions and preparations for user case selections from different types of stakeholders (e.g. urban vs rural etc.) address also potential differences within this stakeholder group. 812 / 1,000 characters
2	Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project. 209 / 500 characters	Local Public Authorities are also users of the toolbox from local perspective as they involve various types of health and social care professionals as well as patients living in th local communities. At a wider context, it is important to involve local authorities as these enable wider usage of the toolbox from different aspects of individual and organizational usage and implementation of a change. During WP1, local authorities will be involved to enable the selection of piloted health conditions and preparations for user case selections from different types of stakeholders (e.g. urban vs rural etc.) address also potential differences within these stakeholder groups. 676 / 1,000 characters
3	Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project. 215 / 500 characters	Representatives of regional public authorities is necessary to get region-wide understanding about different types of challenges, e.g. legislative/regulatory, IT- and other technology-related and to address those in next phases of the project. The authorities will be reached out via direct communication and main method for the research is in-depth semi-structures interviews followed by workshops. 399 / 1,000 characters
4	Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project. 232 / 500 characters	Representatives of public information systems (including health information systems) will be involved as experts with Small and Medium sized Enterprises of current struggles of different user types but also technological aspects of interoperability etc., which might hinder general increase of digital health competencies and skills and the implementation of toolbox under development. 385 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
1.1	**Overall communication and alignment of selected health conditions and user cases**
1.2	**First Version of eHealth Toolbox**

WP 1 Group of activities 1.1

5.6.1 Group of activities leader

Group of activities leader PP 4 - Tallinn University of Technology (TalTech)

A 1.1

5.6.2 Title of the group of activities

Overall communication and alignment of selected health conditions and user cases

80 / 100 characters

5.6.3 Description of the group of activities

The group of activities is designed to conduct three phases of WP1 to set up the conditions for WP2: To prepare for eHealth toolbox version 1.0, which will be tested/piloted at the next stage of the project in WP 2. As part of WP1, general project set-up will be formed (e.g. teams) followed by kick-off workshops. The aim of the workshops is to bring together lay-people and expert stakeholders from the area of healthcare contributing to build-up of country-specific selection for piloting health conditions and essential selection of user case studies. In order to conduct workshops, relevant cases will be prepared in advance based on pre-project document and research analysis and these cases will be discussed, aligned and agreed during stakeholders' seminars. During this work also the national situations of the eHealth literacy availability, forms and usefulness will be studied as a basis for further project work. Pre-defined cases will consider relevant country- and European/global strategic health objectives and the level of maturation of a specific health information system (HIS) context. Based on these cases stakeholders' workshops will be conducted to identify and agree on competencies which are reasonable and justifiable as part of eHealth literacy toolbox. The workshops are conducted as physical meetings (in case epidemiological and country-based situations allow) and organized as interactive discussions. Input collection is planned in the formats of observations and interviews. After each country has conducted stakeholders' workshops separately, the project team will analyse the findings and in case possible, group similar cases based on HIS maturity level and will conduct another round of stakeholders' workshops to allow transnational input and unification and where participants from one country group will validate the elements of the toolbox and their suitability with all selected health conditions and user cases. After the second round of validation, the first version of toolbox will be created for the WP2 piloting. In addition, an evaluation framework for post-pilot assessment will be created.

2,140 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 1.1

Title of the deliverable

Reports of the kick-off and user/stakeholder workshops with identified tools

76 / 100 characters

Description of the deliverable

D 1.1 general assessment of the readiness of public institutions to implement digital health innovation
D 1.2 general insights and assessment of skills level of digital health literacy skills
D 1.3 is focused on collecting workshops findings into the report that will serve as a basis for toolbox creation.
D 1.4 Toolbox version 1.0 creation for piloting.

356 / 2,000 characters

Which output does this deliverable contribute to?

The deliverables contributes to the development of O 1.1 (toolbox v. 1.0)

74 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.1: Overall communication and alignment of selected health conditions and user cases						
D.1.1: Reports of the kick-off and user/stakeholder workshops with identified tools						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 1 Group of activities 1.2

5.6.1 Group of activities leader

Group of activities leader PP 4 - Tallinn University of Technology (TalTech)

A 1.2

5.6.2 Title of the group of activities

First Version of eHealth Toolbox

32 / 100 characters

5.6.3 Description of the group of activities

O 1.1 is the first version of eHealth toolbox which will be piloted with different stakeholders, i.e. real users during WP2. O1.1 will be built up based on the agreements made during country-specific stakeholders' workshops to identify health conditions and user cases. Toolbox v 1.0 will be the test version that involves pre-project research on different available digital health tools and additional input collected from stakeholders.

438 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 1.2

Title of the output

Assessment of readiness and proposal for proper foundation for a toolbox

72 / 100 characters

Description of the output

O 1.1 is the first version of eHealth toolbox which will be piloted with different stakeholders, i.e. real users during WP2. O1.1 will be built up based on the agreements made during country-specific stakeholders' workshops to identify health conditions and user cases. Toolbox v 1.0 will be the test version that involves pre-project research on different available digital health tools and additional input collected from stakeholders.

438 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries.	Work with critical cases on daily basis including end-users (patients) and mediators (healthcare professionals) perspectives. 125 / 1,000 characters
Target group 2 Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project.	Allows the detection of country-specific urgent but also strategically (e.g. public health and access to healthcare services) relevant cases for the support in implementation of digital health solutions. 203 / 1,000 characters
Target group 3 Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project.	Allows the detection of country-specific urgent but also strategically (e.g. public health and access to healthcare services) relevant cases for the support in implementation of digital health solutions. 203 / 1,000 characters
Target group 4 Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project.	Involvement of SME's enables the design thinking approach from service provider perspective and view on user cases who are in critical need for development and/or adoption of digital health skills. 197 / 1,000 characters

Durability of the output

Since the health statuses and cases will be selected with different stakeholders during country-specific workshops to address long-term and most relevant cases. Country-specific approach leads to different health and user cases in the context of existing health information system (HIS). Therefore, findings from own selected cases as well as the cases and HIS from other countries act as extenders and learning opportunity. The extension is at least three-layered: 1. throughout the stages or continuum of one health condition (from prevention to treatment and stages within treatment); 2. throughout different conditions (i.e. unifying implementation of digital health skills and competencies); 3. learning within and from other HIS regardless of current status. Regional authorities work on the strategic aspects of the outcome, infrastructure providers support the development and adaptation of HIS, healthcare institutions and patients support actual implementation into daily practice.

992 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.1: Preparing solutions						
A.1.2: First Version of eHealth Toolbox						
O.1.2: Assessment of readiness and proposal for proper foundation for a toolbox						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

Work package 2

5.1 Piloting and evaluating solutions

5.2 Aim of the work package

The aim of this work package is to pilot, evaluate and adjust solutions. Plan one or several pilots to validate the usefulness of the solutions prepared in Work Package 1. Start Work Package 2 early enough to have time to pilot, evaluate and adjust solutions, together with your target groups. By the end of this work package implementation the solutions should be ready to be transferred to your target groups in Work Package 3.
The piloted and adjusted solution should be presented in one project output.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1 PP 2 - Umeå University

Work package leader 2 PP 6 - Flensburg University of Applied Sciences

5.4 Work package budget

Work package budget 35%

5.4.1 Number of pilots

Number of pilots 6

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries. 383 / 500 characters	Hospital and medical centres is an important part of the implementation of the tested solutions. During WP2, selected solutions will be tested by relevant partners in hospital and medical environment in Denmark, Estonia, Latvia, Lithuania, Poland and Sweden. The parties in six countries will be required to work to incorporate successful tests into existing operations and other partners in the consortium are responsible for disseminating good practice to their respective regions' hospital and medical centres. The results will also be disseminated through the project's communication practices. 599 / 1,000 characters
2	Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project. 209 / 500 characters	As part of the project's dissemination plan, dissemination practices are defined between the partner organisations and municipalities. Internal communication aims to inform everyone who works with the project about its actual results, plans, decisions, schedules and events. It also includes the information exchanged within the project and with important collaborations. 374 / 1,000 characters
3	Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project. 215 / 500 characters	As part of the project's dissemination plan, dissemination practices are defined between the partner organisations and Regions. Internal communication aims to inform everyone who works with the project about its actual results, plans, decisions, schedules and events. It also includes the information exchanged within the project and with important collaborations. 367 / 1,000 characters
4	Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project. 232 / 500 characters	Depending on the national design of health care systems and social insurance, the dissemination of Infrastructure and public and private service providers will look different in the consortium's different countries. The project partners in participating regions are responsible for the project's dissemination, communication and stakeholder engagement plan. The work with SME target group will focus on potential service and equipment providers. 447 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
2.1	**Work package preparations**
2.2	**Pilot preparations**
2.3	**Pilot testing**
2.4	**Pilot Evaluation and Report**
2.5	**Test model for digital eHealth tools**

WP 2 Group of activities 2.1

5.6.1 Group of activities leader

Group of activities leader PP 2 - Umeå University

A 2.1

5.6.2 Title of the group of activities

Work package preparations

25 / 100 characters

5.6.3 Description of the group of activities

Determine guidelines and set-up advisory board-groups
The advisory board-group process and report will support the projects transnational value. The purpose of the advisory groups is to provide peer to peer advice and feedback on the pilot tests and the project partners is planned to be grouped to include at least two pilots from different countries in each group. The peer-to-peer exchange and advice will take place continuously throughout WP2 through online meetings and consultation.

Assessment on readiness of digital health literacy
Each partner makes an assessment of care providers, interest groups and local or regional authorities preparedness for digital health literacy at an organisational and individual level in their municipality and region and investigates 3 - 7 cases. This activity is compiled into a relevance report for starting or not starting pilot operation

Ethical agreements and guidelines
Ensure that all appropriate ethical and regulatory principles are established and applied throughout the piloting, consisting of the best possible decisions regarding people, resources,
and environment. Choices based on ethical principles reduce risks, increase confidence, determine long-term success.

Translations to national language

The project will begin the Pilot testing based on the assessment of the patient's general digital health literacy through already available tools and assessment apps, such as the Digital Health Technology Literacy Assessment Questionnaire (DHTL-AQ).
Existing questionnaires will be translated and adapted, if there is apps that will be used they will be translated into the consortiums national languages or have instructions translated into the different languages.
Patients and citizens will be approached through patient organisations, non-formal groups, e-mail, targeted social media posts to non-medical institutions, while municipalities and care providers can use other tools and methods to reach out.
This activity will result in individual assessment of different patient groups and clustering of the results in several, main levels.

Evaluation framework and criteria
Design criteria for evaluation of the pilot tests and choose evaluation methods to give the project national lessons as well as transnational value.

2,289 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 2.1

Title of the deliverable

Evaluation framework incl report on digital health literacy, guidelines and implementation strategy

99 / 100 characters

Description of the deliverable

The project will begin the Pilot testing based on the assessment of the patient's general digital health literacy through already available tools and assessment apps. Existing questionnaires will be translated and adapted, if there is apps that will be used they will be translated into the consortiums national languages or have instructions translated into the different languages. Patients and citizens will be approached through patient organisations, non-formal groups, e-mail, targeted social media posts to non-medical institutions, while municipalities and care providers can use other tools and methods to reach out. This activity will result in individual assessment of different patient groups and clustering of the results in several, main levels. Design criteria for evaluation of the pilot tests and choose evaluation methods to give the project national lessons as well as transnational value.

909 / 2,000 characters

Which output does this deliverable contribute to?

O 2.5

5 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.1: Work package preparations						
D.2.1: Evaluation framework incl report on digital health literacy, guidelines and implementation strategy						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.2

5.6.1 Group of activities leader

Group of activities leader PP 2 - Umeå University

A 2.2

5.6.2 Title of the group of activities

Pilot preparations

18 / 100 characters

5.6.3 Description of the group of activities

Feedback collection and impact assessment process
Users feedback is collected and evaluated based on frameworks, processes and mechanisms designed in WP1. The project conducts an impact assessment of selected patient groups regarding pre- and post-use of tested eHealth Tools. A self-evaluation of providers of the potential digital health literacy promotion, based on the application of the toolbox's tools is carried out.

Based on the self-assessment data provided by the users, the transnational teams are responsible for the design and implementation of suitable preventive tools. Here it is also gathered in general user feedback around areas that have taken place in the other activities of the work package, such as usability, accessibility and the need for support and instructions.

Pilot design and implementation strategy
Design guidelines and strategies for conducting the pilot tests, collecting user feedback and evaluating the tests based on golden standard design thinking principles. Based on the results of the work packages earlier deliveries, the consortium will select the most relevant digital literacy tools to be tested to increase digital competence, resulting in better quality of care.

Collection of individual assessments of different patient groups and national conditions that get summarised and added to the national pilot strategies.
Design guidelines and strategies for conducting the pilot tests, collecting user feedback and evaluating the tests based on golden standard design thinking principles. Based on the results of the work packages earlier deliveries, the consortium will select the most relevant digital literacy tools to be tested to increase digital competence, resulting in better quality of care.

Selecting the pilots
Selection of pilots is based on information collected in WP1 and previous parts of WP2, which have been compiled from needs analysis, knowledge and research overview and national and individual needs. This is the basis for the choice of tools to test in the first pilot. The pilot tests are carried out in design thinking cycles and the choice of tools for later pilot tests is based on the first tests evaluation, collected user feedback and feedback and consultation from the advisory group.

Local adaption strategy (tailored eHealth tools)
Based on collected needs, assessment of literacy level and local conditions as well as evaluation and user feedback, the project implements local adaptations in this phase. The basis for the local adaptations is collected during WP1 and previous activities in WP2, but is assumed to include translations, tailor-made solutions for choosing eHealth tools, login credentials for adapting freeware and open source to national authorisation rights with eID to name a few.

2,785 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 2.2

Title of the deliverable

Pilot design, implementation and local adaption strategy & customized scenarios from assessments

96 / 100 characters

Description of the deliverable

Design guidelines and strategies for conducting the pilot tests, collecting user feedback and evaluating the tests based on golden standard design thinking principles. Based on the results of the work packages earlier deliveries, the consortium will select the most relevant digital literacy tools to be tested to increase digital competence, resulting in better quality of care. Design guidelines and strategies for conducting the pilot tests, collecting user feedback and evaluating the tests based on golden standard design thinking principles. Based on the results of the work packages earlier deliveries, the consortium will select the most relevant digital literacy tools to be tested to increase digital competence, resulting in better quality of care. The local adaptations is collected during WP1 and previous activities in WP2.

838 / 2,000 characters

Which output does this deliverable contribute to?

O 2.5

5 / 100 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.2: Pilot preparations						
D.2.2: Pilot design, implementation and local adaption strategy & customized scenarios from assessments						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.3

5.6.1 Group of activities leader

Group of activities leader PP 2 - Umeå University

A 2.3

5.6.2 Title of the group of activities

Pilot testing

13 / 100 characters

5.6.3 Description of the group of activities

Test schedule is designed based on national conditions and different patient groups needs. Establishment of a plan for practical implementation of the pilot tests in the different countries based on the design thinking method is created and ditto for scheduling of advisory group feedback and consultation meetings and reporting of test results and feedback.

Collected feedback from users, professional care staff and advisory board is summed up in each test cycle and evaluated on an ongoing basis. The results of the pilot tests are compiled into a report.

The results of the advisory feedback given by partners and consultation will be used for the learning and identification of best practices in the implementation of the solution. The results will also be improved in the test cycles and developed in the final version of the solution.

845 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☑

D 2.3

Title of the deliverable

Pilot testing and feedback report

33 / 100 characters

Description of the deliverable

The results of the advisory feedback given by partners and consultation will be used for the learning and identification of best practices in the implementation of the solution.

177 / 2,000 characters

Which output does this deliverable contribute to?

O 2.5

5 / 100 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.3: Pilot testing						
D.2.3: Pilot testing and feedback report						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.4

5.6.1 Group of activities leader

Group of activities leader PP 6 - Flensburg University of Applied Sciences

A 2.4

5.6.2 Title of the group of activities

Pilot Evaluation and Report

27 / 100 characters

5.6.3 Description of the group of activities

Advisory board-groups report
Each advisory group summarises the results of feedback and advice on each others pilot tests in a report, then the consortium conducts a peer workshop where advice and online meetings are summarised.
The purpose of the advisory-review process is to increase learning and identify best practices and implementation of solutions.

Evaluation report
The work package's collected experiences, feedback and evaluation will be evaluated according to the specified evaluation criteria. Both quantitative and qualitative data collected will be analysed based on appropriate methods, including maximum variance sampling. The evaluation of the pilot tests will be discussed at the work package's final meeting, where there will also be a workshop aimed at relevant stakeholders in hospitals and care stations.

830 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 2.4

Title of the deliverable

Pilot Evaluation

16 / 100 characters

Description of the deliverable

The purpose of this deliverable is to collect experiences, feedback and evaluation will be evaluated according to the specified evaluation criteria. Both quantitative and qualitative data collected will be analysed based on appropriate methods, including maximum variance sampling. The evaluation of the pilot tests will be discussed at the work package's final meeting, where there will also be a workshop aimed at relevant stakeholders in hospitals and care stations.

469 / 2,000 characters

Which output does this deliverable contribute to?

O 2.5

5 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.4: Pilot Evaluation and Report						
D.2.4: Pilot Evaluation						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 2 Group of activities 2.5

5.6.1 Group of activities leader

Group of activities leader PP 6 - Flensburg University of Applied Sciences

A 2.5

5.6.2 Title of the group of activities

Test model for digital eHealth tools

36 / 100 characters

5.6.3 Description of the group of activities

We propose to develop, pilot and evaluate an easy-to-use toolbox to assess and to foster digital health literacy and eHealth competencies in end-users. The toolbox will include an assessment tool to determine the level of readiness to adopt of users in institutions, organisations or even regions and based on the “readiness” level, a roadmap and recommendations on how to improve digital health literacy and eHealth competencies, if needed. The target user groups of the toolbox are health care delivery systems, local/regional public authorities and/or other institutions that plan to implement digital and eHealth service solutions and may lack the expertise to assess and foster literacy and competencies in their end-users.

The main objective of the project is to raise a digital health literacy readiness level in the society which will happen in WP2 by pilot, evaluate and adjust eHealth tools and solutions with the aim of disseminating validated tools and models in WP3. Two types of pilots will be implemented in Denmark, Estonia, Latvia, Lithuania, Poland and Sweden during this work package:

1) Visual Assessment material on eHealth literacy aimed at professionals in the healthcare sector as a tool for public prevention units (e g primary care, care and similar) to implement preventive guidance at an early stage and refer patients and citizens to a collection of functional and validated eHealth tools
2) eHealth tools for preventive self-care aimed at citizen. With the support of professional healthcare staff and their own self-assessment in various areas of well-being and health, e.g. older adults over the age of 65 receive selected eHealth tools based on their needs. The goal is for it to be fun and easy for the elderly to find all the information and preventive tools they need, without a return visit to their care provider or the service provider that maintains and markets the service. The purpose is to make it easier for healthcare professionals to prescribe preventive solutions that the patient themselves can use to curb incipient disease.

To ensure that selected tools and models are suitable and adapted to the needs of patients and healthcare professionals, the work package will use iterative design thinking cycles and its five steps empathize, define, ideate, prototype and test during the whole WP.

2,345 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ☐

O 2.5

Title of the output

Test model for digital eHealth tools

36 / 100 characters

Description of the output

During WP 2 we will develop multiple prototypes from different user case scenarios in different countries which are tested and evaluated, provide each other structured advice and feedback on the pilot tests and evaluations and compile sub-reports and final report of global and country-specific learnings.

The aim for the ideation phase is to identify possible solutions by defining features and functions of the tools to assess and develop digital health literacy including the perspectives of acceptance, trust and motivation. We will also identify customization opportunities for different maturity levels – and if any, cultural differences. Finally we are planning and conducting ideation workshops to foster cross-country exchange as well as to expand the solution space and innovation opportunities.

The aim for the prototype phase is to sketch solution modules and build prototypes for user-centric iterative testing. Based on the feedback, multiple prototypes may be built and tested. To foster cross-country exchange, a “Prototype Challenge” Workshop (e.g. hackathon) will be planned and conducted.
Finally the test phase will overlap with the iterative prototype cycles and has the aim to test the prototypes with different user- and stakeholder groups for different user case-scenarios in the different countries. The prototyped solutions will be evaluated and improved based on the feedback and retested in an iterative cycle. The results of the testing will be shared in a cross-country workshop to identify global and country-specific learnings.

1,565 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries.	Provider of Hospital and medical centres is an important part of the implementation of the tested solutions. During WP2, selected solutions will be tested by relevant partners in hospital and medical environment in Finland, Denmark, Estonia, Latvia, Lithuania, Poland and Sweden. The parties in the North Denmark Region and Västerbotten will be required to work to incorporate successful tests into existing operations and other partners in the consortium are responsible for disseminating good practice to their respective regions' hospital and medical centres. The results will also be disseminated through the project's communication practices. 648 / 1,000 characters
Target group 2 Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project.	As part of the project's dissemination plan, dissemination practices are defined between the partner organisations and municipalities. Internal communication aims to inform everyone who works with the project about its actual results, plans, decisions, schedules and events. It also includes the information exchanged within the project and with important collaborations. 372 / 1,000 characters
Target group 3 Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project.	As part of the project's dissemination plan, dissemination practices are defined between the partner organisations and regional authorities. Internal communication aims to inform everyone who works with the project about its actual results, plans, decisions, schedules and events. It also includes the information exchanged within the project and with important collaborations. 377 / 1,000 characters
Target group 4 Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project.	Depending on the national design of health care systems and social insurance, the dissemination of Infrastructure and public and private service providers will look different in the consortium's different countries. The project partners in participating regions are responsible for the project's dissemination, communication and stakeholder engagement plan. The work with SME target group will focus on potential service and equipment providers. 447 / 1,000 characters

Durability of the output

After the project, the project's regional partners are committed to implementing and paying for the tested eHealth tool and designed models, as well as participating universities intending to study the long-term effects of the tools and models and their implementation in the local health community.

299 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.2: Piloting and evaluating solutions						
A.2.5: Test model for digital eHealth tools						
O.2.5: Test model for digital eHealth tools						

5.6.7 This deliverable/output contains productive or infrastructure investment

Work package 3

5.1 Transferring solutions

5.2 Aim of the work package

In Work Package 3, communicate and transfer the ready solutions to your target groups. Plan at least one year for this work package to transfer your solutions to the target groups, considering their respective needs. Select suitable activities to encourage your target groups to use the solutions in their daily work.
Organise your activities in up to five groups of activities. Describe the deliverables and outputs as well as present the timeline.

5.3 Work package leader

Work package leader 1	PP 2 - Umeå University
Work package leader 2	PP 5 - Social innovation centre

5.4 Work package budget

Work package budget	25%

5.5 Target groups

	Target group	How do you plan to reach out to and engage the target group?
1	Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries. 383 / 500 characters	Medical centres and hospitals, namely, physicians are one of key primary target groups of the project, hence, de-centralised communication strategy is going to be developed covering pan - communication guidance with the national adaptions and translations. Several groups of activities are planned to reach target groups: 1) directed marketing campaign with explained user case scenarios and the benefits of patients using toolbox; 2) Easy to use online an offline trainings with the target groups, including simulations; 3) Support in the integration of the use of the tools in daily working routines; 4) Constant feedback and improvement process of usability. Channels to be used are directed emails, private contacts, networks and public informative events. 765 / 1,000 characters
2	Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project. 209 / 500 characters	Depending on the specifics of the country, some medical and social care e.g. medical monitoring services might be the responsibility of the municipal service. In this case, municipal unit takes the same role as described before hospitals and medical centres. Several groups of activities are planned to reach target groups: 1) directed marketing campaign with explained user case scenarios and the benefits of patients using toolbox; 2) Easy to use online an offline trainings with the target groups, including simulations; 3) Support in the integration of the use of the tools in daily working routines; 4) Constant feedback and improvement process of usability. Channels to be used are directed emails, private contacts, networks and public informative events. 768 / 1,000 characters
3	Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project. 215 / 500 characters	Depending on the specifics of the country, some medical and social care e.g. medical monitoring services might be the responsibility of the regional authorities. In this case, regional entity takes the same role as described before hospitals and medical centres. Several groups of activities are planned to reach target groups: 1) directed marketing campaign with explained user case scenarios and the benefits of patients using toolbox; 2) Easy to use online an offline trainings with the target groups, including simulations; 3) Support in the integration of the use of the tools in daily working routines; 4) Constant feedback and improvement process of usability. Channels to be used are directed emails, private contacts, networks and public informative events. 772 / 1,000 characters
4	Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project. 232 / 500 characters	Similar to the health care providers, in addition to be just more or less passive target group as service and equipment provider, some SME's may take role of the transferability partners and become full scale transferability process representatives. Several groups of activities are planned to reach target groups: 1) directed marketing campaign with explained user case scenarios and the benefits of patients using toolbox; 2) Easy to use online an offline trainings with the target groups, including simulations; 3) Support in the integration of the use of the tools in daily working routines; 4) Constant feedback and improvement process of usability. Channels to be used are directed emails, private contacts, networks and public informative events. 759 / 1,000 characters

5.6 Activities, deliverables, outputs and timeline

No.	Name
3.1	**Transferability, sustainability and dissemination of the toolbox in the BSR region**
3.2	**Transferability implementation**
3.3	**Pan-BSR dissemination, sustainability and impact strategy**

WP 3 Group of activities 3.1

5.6.1 Group of activities leader

Group of activities leader PP 2 - Umeå University

A 3.1

5.6.2 Title of the group of activities

Transferability, sustainability and dissemination of the toolbox in the BSR region

86 / 100 characters

5.6.3 Description of the group of activities

WP3 intends to execute four types of sub-activities:
• First set of activities are transferability activities. This include country-specific adaption of pan-BSR level tools, whenever possible to the degree being as much as possible pan-BSR integrated, implementing of those in the pre-selected role model entities. Considering design thinking approach, only relevant and the most suitable for the sector and/or country tools in the form of adaptive and implemented activities, should be consider as relevant health care solutions.
• Second set of activities are country specific analysis of the usefulness of toolbox tools, GAP analysis and improvement process at national level, based on the initial feedback from the role models and from the re-occurring piloting cycles, synthesised into the generalised pan-BSR similarities and differences, as well as success and failure stories.
• The third type of activities are communication and dissemination activities aimed to execute proper communication and dissemination approach pan-BSR and adapt to the local needs and different target groups. Citizens often as target groups often are missing targeted communication related to the digital health literacy. Specific focus has to be on the elderly generation, often struggling to adapt to the sophisticated technologies, hence, ”elderly friendly” communicative approaches have to be implemented to stress the importance of raising digital health literacy resulting in the better health care. For this group, target group specific communication strategies towards and optimum involvement and acceptance and maximum public contribution to it should be developed. Communication and Dissemination Plan will help also target group of transferability partners better approach and target patients, having simple yet efficient tools like infographics, explaining benefits of tools applied.
• The last group of activities are sustainability and impact strategy, consisting of the report and pan-BSR sustainability committee. The sustainability and impact report should guide on the proper mechanisms, based on the lessons learned from the pilots and also role models – to guarantee long term sustainability beyond the project’s life cycle. Important element is impact assessment of the outputs implemented and their impact and national and BSR level. This is going to be achieved through the classical social impact case measurement methodology. Finally, the activity of the sustainability and impact committee is designed to support and monitor long-term implementation of the toolbox, sharing national observation from the national sustainability and impact committees, serving a support contact point services.

2,712 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable ✔

D 3.1

Title of the deliverable

Transfer Strategy Guidelines

28 / 100 characters

Description of the deliverable

National transferability activities
After piloting in WP2, next stage of the project is dedicated to execute successful transferability. This will involve application of communication and dissemination strategy to direct target group, online and offline explanatory educational materials and events dedicated to explain the benefit of the created toolbox tools. Initially 5 - 15 role models have to be selected in each country to run the transferability activities per country. They will become ‘‘trainers’’ or learning transferability entities for next set of the transferability partners.

Assessment of transferability among selected target group role models (deliverable national case study report)
The following stage is assessment of role models and through the supportive actions, follow up on the transferability success, namely, regular observations and support towards implementation of the assessment. At this stage, based on the national observations, improvements of the toolbox are still relevant, as long as technically possible to improve the usability of created solution and to make better adaptability.

Analysis of the most useful toolbox tools, less used, GAP analysis and improvement process (deliverable Usability/Applicability report)
At this stage, national analysis of the most used, least used tools, issues and GAP analysis is foreseen to reflect local transferability status. Inputs towards the sustainability strategy are foreseen based on the gained observations.

Communication and dissemination plan (pan-BSR plan, adapted to the national needs)

Sustainability and impact strategy (report and committee formation)

1,664 / 2,000 characters

Which output does this deliverable contribute to?

All Project Outputs

19 / 100 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: Transferring solutions						
A.3.1: Transferability, sustainability and dissemination of the toolbox in the BSR region						
D.3.1: Transfer Strategy Guidelines						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

WP 3 Group of activities 3.2

5.6.1 Group of activities leader

Group of activities leader PP 5 - Social innovation centre

A 3.2

5.6.2 Title of the group of activities

Transferability implementation

32 / 100 characters

5.6.3 Description of the group of activities

Transferability implementation is a set of out coordinated national and pan-BSR activities co-ordinately and efficiency run smooth transferability of the most relevant tools of the toolbox at both – BSR and national level. The ultimate goal is to find as many as possible pan-BSR transferability tools, to assure harmonisation of the approaches and seek for common in different. In situation when pan-BSR approach cannot be adapted due to different infrastructural limitations, clinical settings, attitude of society or other challenges, the most efficient pan-country solutions should be implemented. The approach should always focus on the most relevant pan-BSR transferability options.

Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.

999 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable

O 3.2

Title of the output

National transferability activities, Assessment of transferability and Analysis of the toolbox tools

100 / 100 characters

Description of the output

Transferability implementation is a set of out coordinated national and pan-BSR activities co-ordinately and efficiency run smooth transferability of the most relevant tools of the toolbox at both – BSR and national level. The ultimate goal is to find as many as possible pan-BSR transferability tools, to assure harmonisation of the approaches and seek for common in different. In situation when pan-BSR approach cannot be adapted due to different infrastructural limitations, clinical settings, attitude of society or other challenges, the most efficient pan-country solutions should be implemented. The approach should always focus on the most relevant pan-BSR transferability options.

Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.

999 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries.	This target group is supposed to be a primary target group applying output ‘”Transferability activities” in their daily life. The main idea is through the role models integrate digital health literacy evaluation and support approach as part of the regular activities. Depending on the patient groups and specific toolbox tools relevant, some hospitals and/or medical centres may use it on more frequent or seldom base. The usability and applicability will depend on different factors: national readiness levels of target groups, availability of tools, general digital literacy skills and perception towards innovation. 620 / 1,000 characters
Target group 2 Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project.	This target group, the same as hospitals and medical centres, is supposed to be a primary target group applying output ‘”Transferability activities” in their daily life. Depending on the health care structure, local public authorities, executing health support function also can be the role models and integrate digital health literacy evaluation and support approach as part of the regular activities. Depending on the patient groups, specific functions of the public authority area, e.g. municipality, some selectiveness of the tools might be the case and applicability of tools may happen to smaller extent. The usability and applicability will depend on different factors: national readiness levels of target groups, availability of tools, general digital literacy skills and perception towards innovation and specific functions of public authorities. 862 / 1,000 characters
Target group 3 Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project.	This target group, the same as hospitals and medical centres, is supposed to be a primary target group applying output ‘”Transferability activities” in their daily life. Depending on the health care structure, regional public authorities, executing health support function also can be the role models and integrate digital health literacy evaluation and support approach as part of the regular activities. Depending on the patient groups, specific functions of the region, some selectiveness of the tools might be the case and applicability of tools may happen to smaller extent. The usability and applicability will depend on different factors: national readiness levels of target groups, availability of tools, general digital literacy skills and perception towards innovation and specific functions of public authorities. 831 / 1,000 characters
Target group 4 Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project.	This target group at some cases may also take the role models activities, however, the main aim of this group is to be a one of the key future target groups for transferability and sustainability, being an important stakeholder of the process. Hence, the assumption that SME's will support and promote implementation of digital health literacy among the target groups. Also, the role of iSME's is to engage into the 2nd output, namely Pan-BSR dissemination, sustainability and impact strategy as potential service and equipment providers. 539 / 1,000 characters

Durability of the output

The durability of the outputs is based on the mechanisms of the transferability concept, namely, ‘’train the trainee” approach, following preselected role-models. Following this approach, national transferability partners (target groups) should be able to have a practically oriented experience taken over from the leading organisations. This practically oriented approaches is one of the main durability factors. Secondly, the pre-existing network of e-health partners will expand and by forming well-motivated national sustainability committees not only support national transferability activities on a long-term run, but also will jointly seek for regional development of future innovative digital health literacy tool, having a constant improvement process as a driving force. National partners of the project jointly will form the core of the national sustainability committee, based on the predefined pan-BSR guidelines for the national committees formation.

969 / 1,000 characters

5.6.6 Timeline

	Period: 1	2	3	4	5	6
WP.3: Transferring solutions						
A.3.2: Transferability implementation						
O.3.2: National transferability activities, Assessment of transferability and Analysis of the toolbox tools						

5.6.7 This deliverable/output contains productive or infrastructure investment

☐

WP 3 Group of activities 3.3

5.6.1 Group of activities leader

Group of activities leader PP 5 - Social innovation centre

A 3.3

5.6.2 Title of the group of activities

Pan-BSR dissemination, sustainability and impact strategy

59 / 100 characters

5.6.3 Description of the group of activities

Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.

This output constitutes of two group of the activities - sustainability and impact strategy and communication and dissemination plan. The main aim of the output should be achieved by implementation of the activities, resulting in the sustainability and impact report and pan-BSR committee's network, consisting of the national sustainability and impact committees. National committees should consist of the national partner representatives and at least 3 more representatives from the relevant stakeholders and/or transferability partners'/role models. The selection should be done by the national partner(s) being aware of the most relevant representatives for the committee.

The sustainability and impact report should guide on the proper mechanisms, based on the lessons learned from the pilots and also role models – to guarantee long term sustainability beyond the project's life cycle. Important element is impact assessment of the outputs implemented and their impact and national and BSR level. This is going to be achieved through the classical social impact case measurement methodology.
Finally, the activity of the sustainability and impact committee is designed to support and monitor long-term implementation of the toolbox, sharing national observation from the national sustainability and impact committees, serving a support contact point services. The output follows up successful implementation of activity, resulting in the tangible deliverables, but also contributes to the long-lasting sustainable digital health literacy process within BSR region.

Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.

2,188 / 3,000 characters

5.6.4 This group of activities leads to the development of a deliverable

☐

O 3.3

Title of the output

Pan-BSR dissemination, sustainability and impact strategy

59 / 100 characters

Description of the output

Dissemination includes communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development. This output constitutes of two group of the activities - sustainability and impact strategy and communication and dissemination plan. The main aim of the output should be achieved by implementation of the activities, resulting in the sustainability and impact report and pan-BSR committee's network, consisting of the national sustainability and impact committees.

The sustainability and impact report should guide on the proper mechanisms to guarantee long term sustainability beyond the project's life cycle. Important element is impact assessment of the outputs implemented and their impact and national and BSR level. This is going to be achieved through the classical social impact case measurement methodology.

Finally, the activity of the sustainability and impact committee is designed to support and monitor long-term implementation of the toolbox, sharing national observation from the national sustainability and impact committees, serving a support contact point services. The output follows up successful implementation of activity, resulting in the tangible deliverables, but also contributes to the long-lasting sustainable digital health literacy process within BSR region.

Dissemination strategy should include both – communication and dissemination activities, targeting general society, including perspective of the patient, transferability partners and also relevant stakeholders who may directly or indirectly engaged in the process of digital health literacy development.

1,783 / 3,000 characters

Target groups and uptake of the solution presented in this output

Target groups	How will this target group apply the output in its daily work?
Target group 1 Hospital and medical centre All partners either run test beds for eHealth solutions themselves or have collaborative partnerships with healthcare delivery organizations. We will recruit end-users and stakeholders from these partnerships in all countries to obtain end-user pain points and needs in implementation. We will also recruit pilots from these partnerships and collaborations in all piloting countries.	This target group is supposed to be a primary target group applying output '"Transferability activities" in their daily life. The main idea is through the role models integrate digital health literacy evaluation and support approach as part of the regular activities. Depending on the patient groups and specific toolbox tools relevant, some hospitals and/or medical centres may use it on more frequent or seldom base. The usability and applicability will depend on different factors: national readiness levels of target groups, availability of tools, general digital literacy skills and perception towards innovation. 620 / 1,000 characters
Target group 2 Local public authority From all countries, selected local public authorities, especially with responsibilities in providing high-quality, low-cost health care to their local population, will be informed and included in the project.	This target group, the same as hospitals and medical centres, is supposed to be a primary target group applying output '"Transferability activities" in their daily life. Depending on the health care structure, local public authorities, executing health support function also can be the role models and integrate digital health literacy evaluation and support approach as part of the regular activities. Depending on the patient groups, specific functions of the public authority area, e.g. municipality, some selectiveness of the tools might be the case and applicability of tools may happen to smaller extent. The usability and applicability will depend on different factors: national readiness levels of target groups, availability of tools, general digital literacy skills and perception towards innovation and specific functions of public authorities. 862 / 1,000 characters
Target group 3 Regional public authority From all countries, selected regional public authorities, especially with responsibilities in providing high-quality, low-cost health care to their regional population, will be informed and included in the project.	This target group, the same as hospitals and medical centres, is supposed to be a primary target group applying output '"Transferability activities" in their daily life. Depending on the health care structure, regional public authorities, executing health support function also can be the role models and integrate digital health literacy evaluation and support approach as part of the regular activities. Depending on the patient groups, specific functions of the region, some selectiveness of the tools might be the case and applicability of tools may happen to smaller extent. The usability and applicability will depend on different factors: national readiness levels of target groups, availability of tools, general digital literacy skills and perception towards innovation and specific functions of public authorities. 831 / 1,000 characters
Target group 4 Small and medium enterprise At least from all piloting countries, selected representatives from small and medium enterprise will be recruited. For example, representatives of the eHealth application providers of selected pilots may be included in the project.	This target group at some cases may also take the role models activities, however, the main aim of this group is to be a one of the key future target groups for transferability and sustainability, being an important stakeholder of the process. Hence, the assumption that SME's will support and promote implementation of digital health literacy among the target groups. Also, the role of iSME's is to engage into the 2nd output, namely Pan-BSR dissemination, sustainability and impact strategy as potential service and equipment providers. 539 / 1,000 characters

Durability of the output

The durability of the outputs is based on the mechanisms of the transferability concept, namely, ''train the trainee'' approach, following preselected role-models. Following this approach, national transferability partners (target groups) should be able to have a practically oriented experience taken over from the leading organisations. This practically oriented approaches is one of the main durability factors. Secondly, the pre-existing network of e-health partners will expand and by forming well-motivated national sustainability committees not only support national transferability activities on a long-term run, but also will jointly seek for regional development of future innovative digital health literacy tool, having a constant improvement process as a driving force. National partners of the project jointly will form the core of the national sustainability committee, based on the predefined pan-BSR guidelines for the national committees formation.

969 / 1,000 characters

5.6.6 Timeline

Period:	1	2	3	4	5	6
WP.3: Transferring solutions						
A.3.3: Pan-BSR dissemination, sustainability and impact strategy						
O.3.3: Pan-BSR dissemination, sustainability and impact strategy						

5.6.7 This deliverable/output contains productive or infrastructure investment ☐

6. Indicators

Indicators

Output indicators

Output indicators	Total target value in number	Project outputs	Please explain how the solution presented in this output serves the target group(s).
RCO 84 – Pilot actions developed jointly and implemented in projects	6	N/A	N/A
RCO 116 – Jointly developed solutions	4	O.1.2: Assessment of readiness and proposal for proper foundation for a toolbox	The jointly developed e-toolbox and nationally adapted versions to the country needs are national versions based on the original, foundational toolbox. It serves target groups through nationally adapted tools for better servicing of health conditions by increase of digital health literacy. (292 / 1,000 characters)
		O.2.5: Test model for digital eHealth tools	The test model serves target groups to assess the function and quality of different eHealth tools. (99 / 1,000 characters)
		O.3.2: National transferability activities, Assessment of transferability and Analysis of the toolbox tools	This outputs is closely related to O 2.5, the testing model. It helps the targets groups for better understanding of eHealth literasy and tools. (145 / 1,000 characters)
		O.3.3: Pan-BSR dissemination, sustainability and impact strategy	The dissemination, sustainablity and impact strategy of the eHealth Toolbox project helps the target groups mainly in the longer time scale. It provides methods and tools for organisations also outside the partnership to disseminate their solutions and activities. (265 / 1,000 characters)

Result indicators

Result indicator	Total target value in number	Please explain how organisations in the target groups within or outside the partnership will take up or upscale each solution.
RCR 104 - Solutions taken up or up-scaled by organisations	4	4 is the mininum requirement but the overall aim for the eHealth Toolbox project is to involve 5-15 role models per country * 6 piloting countries = at least 30-75, but assuming also transferability to the partner countries not to be piloting the number can be higher. (268 / 2,000 characters)

Output indicators		Result indicators			
Output indicator	**Total target value in number**	**Result indicator**	**Total target value in number**	**Please describe what types of organisations are planned to actively participate in the project. Explain how this participation will increase their institutional capacity. These types of organisations should be in line with the target groups you have defined for your project.**	
RCO 87 - Organisations cooperating across borders	13	**PSR 1 - Organisations with increased institutional capacity due to their participation in cooperation activities across borders**	43	Project partners and associated organisations	The project partners and associated partners will engage in the cross-border cooperation, being part of the sustainability committee members but also shadowing cross-boarder and having ''peer-to-peer'' visits on the cross-border basis. The main gain for the target groups in international capacity development in terms of digital health and knowledge transfer to relevant transferability partners. 397 / 1,500 characters
				Other organisations	At least 30 other than partnership organisations will engage in the cross-border cooperation, The main gain for them is their international capacity development in terms of digital health and knowledge transfer to relevant transferability partners in the future. 263 / 1,500 characters

7. Budget

7.0 Preparation costs

Preparation Costs

Would you like to apply for reimbursement of the preparation costs?	Yes

Other EU support of preparatory cost

Did you receive any other EU funds specifically designated to the development of this project application?	No

7.1 Breakdown of planned project expenditure per cost category & per partner

No. & role	Partner name	Partner status	CAT0 - Preparation costs	CAT1 - Staff	CAT2 - Office & administration
1 - LP	Seinäjoki University of Applied Sciences Ltd.	Active 22/09/2022	24,000.00	300,960.00	45,144.00
2 - PP	Umeå University	Active 22/09/2022	0.00	347,075.47	52,061.32
3 - PP	Region Västerbotten	Active 22/09/2022	0.00	201,371.54	30,205.73
4 - PP	Tallinn University of Technology (TalTech)	Active 22/09/2022	0.00	162,110.00	24,316.50
5 - PP	Social innovation centre	Active 22/09/2022	0.00	158,160.00	23,724.00
6 - PP	Flensburg University of Applied Sciences	Active 22/09/2022	0.00	297,216.00	44,582.40
7 - PP	Rīga Stradiņš University	Active 22/09/2022	0.00	137,760.00	20,664.00
8 - PP	Regional Council of South Ostrobothnia	Active 22/09/2022	0.00	93,240.00	13,986.00
9 - PP	Lithuanian University of Health Sciences (LSMU)	Active 22/09/2022	0.00	110,440.00	16,566.00
10 - PP	Kozminski University	Active 22/09/2022	0.00	98,939.98	14,841.00
Total			24,000.00	1,907,272.99	286,090.95

No. & role	Partner name	CAT3 - Travel & accommodation	CAT4 - External expertise & services	CAT5 - Equipment	Total partner budget
1 - LP	Seinäioki University of Ap	45,144.00	170,000.00	5,000.00	590,248.00
2 - PP	Umeå University	52,061.32	10,000.00	5,000.00	466,198.11
3 - PP	Region Västerbotten	30,205.73	5,000.00	5,000.00	271,783.00
4 - PP	Tallinn University of Tech	24,316.50	10,000.00	5,000.00	225,743.00
5 - PP	Social innovation centre	23,724.00	18,200.00	4,000.00	227,808.00
6 - PP	Flensburg University of A	44,582.40	20,000.00	5,000.00	411,380.80
7 - PP	Rīga Stradiņš University	20,664.00	10,000.00	5,000.00	194,088.00
8 - PP	Regional Council of South	13,986.00	0.00	0.00	121,212.00
9 - PP	Lithuanian University of H	16,566.00	15,000.00	5,000.00	163,572.00
10 - PP	Kozminski University	14,841.00	10,000.00	5,000.00	143,621.98
Total		286,090.95	268,200.00	44,000.00	2,815,654.89

7.1.1 External expertise and services

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value
1. Seinäioki Universi	Project management	CAT4-PP1-D-0	External service provider to assist in the project management & administration. 79 / 100 characters	No	N/A	140,000.00
1. Seinäioki Universi	Communication	CAT4-PP1-C-0	Services for project dissemination tools; printing, designing, publishing 73 / 100 characters	No	3.1 3.2 3.3	8,000.00
1. Seinäioki Universi	Events/meetings	CAT4-PP1-A-0	Services for projct meetings and seminars, premises and hospitality 67 / 100 characters	No	3.1 3.2 3.3	5,000.00
1. Seinäioki Universi	Specialist support	CAT4-PP1-E-0	Services for target group reaching and communication. 53 / 100 characters	No	2.3	12,000.00
4. Tallinn Universitv	Communication	CAT4-PP4-C-0	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00
4. Tallinn Universitv	Specialist support	CAT4-PP4-E-0	Services for meetings, communications and seminars. 51 / 100 characters	No	3.1 3.2 3.3	5,000.00
6. Flensburg Univer	National control	CAT4-PP6-F-0	Audit 5 / 100 characters	No	N/A	10,000.00
6. Flensburg Univer	Communication	CAT4-PP6-C-0	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00
6. Flensburg Univer	Specialist support	CAT4-PP6-E-0	Services for meetings, communications and seminars. 51 / 100 characters	No	3.1 3.2 3.3	5,000.00
1. Seinäioki Universi	Communication	CAT4-PP1-C-1	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00
	Total					268,200.00

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
5. Social innovation	Communication	CAT4-PP5-C-1	Video production,educational purposes for the piloting and dissemination for general population (98 / 100 characters)	No	2.3 3.2 3.3	2,000.00	
5. Social innovation	Events/meetings	CAT4-PP5-A-1	Catering/stationary/other related costs (for 50 persons; on average 40 EUR per person) (89 / 100 characters)	No	3.1 3.2 3.3	2,000.00	
5. Social innovation	Events/meetings	CAT4-PP5-A-1	Local travel, hotel costs (selected participants) (52 / 100 characters)	No	3.1 3.2 3.3	500.00	
5. Social innovation	Events/meetings	CAT4-PP5-A-1	Rent of space for event (27 / 100 characters)	No	3.1 3.2 3.3	800.00	
5. Social innovation	Specialist support	CAT4-PP5-E-1	Local adaption of the tools, selected for the piloting (58 / 100 characters)	No	2.1 2.2 2.3 2.4 2.5	3,000.00	
5. Social innovation	Communication	CAT4-PP5-C-1	Print materials e.g. user guides for the elderly (52 / 100 characters)	No	3.1 3.2 3.3	1,500.00	
5. Social innovation	Specialist support	CAT4-PP5-E-1	External experts for the implementation of specific piloting tasks (69 / 100 characters)	No	2.1 2.2 2.3 2.4 2.5	4,000.00	
5. Social innovation	Communication	CAT4-PP5-C-1	Promotional materials with logo (35 / 100 characters)	No	3.1 3.2 3.3	2,000.00	
5. Social innovation	Communication	CAT4-PP5-C-1	Boosted posts on Linked/Facebook about the project (53 / 100 characters)	No	3.1 3.2 3.3	600.00	
5. Social innovation	Communication	CAT4-PP5-C-2	Design service for the social media campaign and WP1 output (62 / 100 characters)	No	1.1 3.1 3.2 3.3	1,800.00	
	Total					268,200.00	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
7. Rīga Stradiņš Un	Events/meetings	CAT4-PP7-A-2	Services for meetings, communications and seminars. 51 / 100 characters	No	3.1 3.2 3.3	5,000.00	
7. Rīga Stradiņš Un	Communication	CAT4-PP7-C-2	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00	
9. Lithuanian Univer	National control	CAT4-PP9-F-2	Audit 5 / 100 characters	No	N/A	5,000.00	
9. Lithuanian Univer	Communication	CAT4-PP9-C-2	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00	
9. Lithuanian Univer	Events/meetings	CAT4-PP9-A-2	Services for meetings, communications and seminars. 51 / 100 characters	No	3.1 3.2 3.3	5,000.00	
10. Kozminski Unive	Communication	CAT4-PP10-C-	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00	
10. Kozminski Unive	Events/meetings	CAT4-PP10-A-	Services for meetings, communications and seminars. 51 / 100 characters	No	3.1 3.2 3.3	5,000.00	
3. Region Västerbo	Events/meetings	CAT4-PP3-A-2	Services for meetings and communications. 41 / 100 characters	No	3.1 3.2 3.3	5,000.00	
2. Umeå University	Events/meetings	CAT4-PP2-A-2	Services for meetings, communications and seminars. 51 / 100 characters	No	3.1 3.2 3.3	5,000.00	
2. Umeå University	Communication	CAT4-PP2-C-3	Translations 12 / 100 characters	No	2.1 2.2 2.3 2.4 2.5	5,000.00	
	Total					268,200.00	

7.1.2 Equipment

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
1. Seinäioki Universi	IT hardware and soft	CAT5-PP1-B-0	2 PCs for development employment and tools for piloting 60 / 100 characters	No	N/A	5,000.00	
2. Umeå University	Office equipment	CAT5-PP2-A-0	2 PCs for development employment 37 / 100 characters	No	N/A	2,000.00	
2. Umeå University	IT hardware and soft	CAT5-PP2-B-0	Tablets for piloting with users 32 / 100 characters	No	2.3	3,000.00	
3. Region Västerbo	IT hardware and soft	CAT5-PP3-B-0	2 PCs for development employment and piloting follow up 58 / 100 characters	No	N/A	5,000.00	
4. Tallinn University	Office equipment	CAT5-PP4-A-0	2 PCs for development employment 34 / 100 characters	No	N/A	2,000.00	
	Total					44,000.00	

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
4. Tallinn Universitv	IT hardware and soft	CAT5-PP4-B-0	Tablets for piloting with users 32 / 100 characters	No	2.3	3,000.00	
5. Social innovation	Office equipment	CAT5-PP5-A-0	2 PCs for development employment 33 / 100 characters	No	N/A	2,000.00	
5. Social innovation	IT hardware and soft	CAT5-PP5-B-0	5 pieces of ipads for piloting with users 44 / 100 characters	No	2.3	2,000.00	
6. Flensburg Univer	Office equipment	CAT5-PP6-A-0	2 PCs for development employment 33 / 100 characters	No	N/A	2,000.00	
6. Flensburg Univer	IT hardware and soft	CAT5-PP6-B-1	Tablets for piloting with users 31 / 100 characters	No	2.3	3,000.00	
7. Rīga Stradiņš Un	Office equipment	CAT5-PP7-A-1	2 PCs for development employment 33 / 100 characters	No	N/A	2,000.00	
7. Rīga Stradiņš Un	IT hardware and soft	CAT5-PP7-B-1	Tablets for piloting with users 31 / 100 characters	No	2.3	3,000.00	
9. Lithuanian Univer	Office equipment	CAT5-PP9-A-1	2 PCs for development employment 33 / 100 characters	No	N/A	2,000.00	
9. Lithuanian Univer	IT hardware and soft	CAT5-PP9-B-1	Tablets for piloting with users 31 / 100 characters	No	2.3	3,000.00	
10. Kozminski Unive	Office equipment	CAT5-PP10-A-	2 PCs for development employment 33 / 100 characters	No	N/A	2,000.00	
10. Kozminski Unive	IT hardware and soft	CAT5-PP10-B-	Tablets for piloting with users 31 / 100 characters	No	2.3	3,000.00	
	Total					44,000.00	

7.1.3 Infrastructure and works

Contracting partner	Group of expenditure	Item no.	Specification	Investment item?	Group of activities no.	Planned contract value	
Please select	Please select	CAT6-PP--01	0 / 100 characters	Please select		0.00	
	Total					0.00	

7.2 Planned project budget per funding source & per partner

No. & role	Partner name	Partner status	Country	Funding source	Co-financing rate [in %]	Total [in EUR]	Programme co-financing [in EUR]	Own contribution [in EUR]	State aid instrument
1-LP	Seinäjoki University of Applied Sciences Ltd.	Active 22/09/2022	FI	ERDF	80.00 %	590,248.00	472,198.40	118,049.60	For each partner, the State aid relevance and applied aid measure are defined in the **State aid section**
2-PP	Umeå University	Active 22/09/2022	SE	ERDF	80.00 %	466,198.11	372,958.48	93,239.63	
3-PP	Region Västerbotten	Active 22/09/2022	SE	ERDF	80.00 %	271,783.00	217,426.40	54,356.60	
4-PP	Tallinn University of Technology (TalTech)	Active 22/09/2022	EE	ERDF	80.00 %	225,743.00	180,594.40	45,148.60	
5-PP	Social innovation centre	Active 22/09/2022	LV	ERDF	80.00 %	227,808.00	182,246.40	45,561.60	
6-PP	Flensburg University of Applied Sciences	Active 22/09/2022	DE	ERDF	80.00 %	411,380.80	329,104.64	82,276.16	
7-PP	Rīga Stradiņš University	Active 22/09/2022	LV	ERDF	80.00 %	194,088.00	155,270.40	38,817.60	
8-PP	Regional Council of South Ostrobothnia	Active 22/09/2022	FI	ERDF	80.00 %	121,212.00	96,969.60	24,242.40	
9-PP	Lithuanian University of Health Sciences (LSMU)	Active 22/09/2022	LT	ERDF	80.00 %	163,572.00	130,857.60	32,714.40	
10-PP	Kozminski University	Active 22/09/2022	PL	ERDF	80.00 %	143,621.98	114,897.58	28,724.40	
Total ERDF						2,815,654.89	2,252,523.90	563,130.99	
Total						2,815,654.89	2,252,523.90	563,130.99	

7.3 Spending plan per reporting period

	EU partners (ERDF)		Total	
	Total	Programme co-financing	Total	Programme co-financing
Preparation costs	24,000.00	19,200.00	24,000.00	19,200.00
Period 1	404,200.00	323,359.99	404,200.00	323,359.99
Period 2	573,687.89	458,950.31	573,687.89	458,950.31
Period 3	487,817.00	390,253.60	487,817.00	390,253.60
Period 4	555,310.00	444,248.00	555,310.00	444,248.00
Period 5	373,842.00	299,073.60	373,842.00	299,073.60
Period 6	396,798.00	317,438.40	396,798.00	317,438.40
Total	2,815,654.89	2,252,523.90	2,815,654.89	2,252,523.90