IMPROVEMENT OF R&I PRIORITY SETTING PROCESS

GOOD PRACTICE – MANAGEMENT OF OPERATIONAL PROGRAMME
Improvement of R&I priority setting process
Introduction to the Good Practice:

Lithuanian public agency MOSTA was responsible for the coordination of smart specialization process and design of the methodology how to engage all different stakeholders (from quadruple helix model) into the debate about the country priorities.

Problem:

Previous attempts to establish country priorities had very formal procedure and they were not widely debated. That created a commitment problem, because formal approved strategies were not later been followed.

Solution:

MOSTA design sophisticated engagement scheme. Many different supporting documents were prepared (background paper, analysis of potential, global and local challenges, reviews by international experts). Those documents were extensively discussed by various stakeholders (government, research, business) and tested with 2000 experts who represented “public” side.

Impact:

It have tried to make a fundamental change how priorities are set up and how policies are created. Lithuania did not have a culture of debate with different stakeholders, as well as evidence based policy making. Smart specialization process allowed to show the value of the process and also for the first time (on such a big scale) policies were based not on the wishfull thinking of politicians or proposals by different lobby groups, but on carefully made analysis and collected evidence. It also increased amount of specialized support measures.

This GP represents the closest implementation of Quadruple Helix in practice as Lithuania could achieve. While designing the methodology – all helixes were evaluated and measures were taken to get the feedback on the priorities from them. During practical implementation engagement of all helixes was approached with the same effort. And that’s where the main lessons from the process were learned – if you want to engage business companies, you need to put 3 times more energy and effort into the process than with Government / Research side. And to engage society in general – the effort needs to be 5 times higher. That’s what one needs to consider when planning the transfer of good practice.
1. Relevancy of the Good Practice (GP) in management or strategic focus of Operational Programme

The “Relevancy of the GP in management or strategic focus of Operational Programme” section provides quick check and definition of the GP’s relevancy in regards to HoCare project objectives.

| Good practice of support for quadruple-helix cooperation in R&I? | Yes, this GP includes good practices of support for quadruple-helix cooperation in R&I |
| Good practice of support for delivery of Home Care R&I? | No, this GP does not include good practices of support for delivery of Home Care R&I. |
| If not in Home Care R&I, please describe and prove its potential for transferability to delivery of Home Care R&I | The case connects to the general process how to have a debate on country priorities. The process of debating on smart specialization strategy included many different stakeholders and one of the priorities “Advanced applied technologies for individual and public health” can have direct connection on Home Care R&I. The platform for debate was created and also some standard was set (see details later). That management practice can be applied and at the smaller scale within Home Care R&I with even bigger success. |
| Generation of innovation in home care through answering unmet needs identified by formal or informal healthcare providers? | No, this GP does not include good practices of support for innovation through answering unmet needs. |
| Generation of innovation in home care through public driven innovation? | No, this GP does not include good practices of support for public driven innovation. |
| Generation of innovation in home care via quadruple-helix cooperation for quicker delivery to the market? | Yes, this GP includes good practices of support for innovation via cooperation for quicker delivery to the market. |

2. Quick overview of the GP

The “Quick overview of the GP” section provides initial overview of the Good Practice (GP) in management or strategic focus of the Operational Programme described below in more details and enables Managing Authorities of Operational Programmes to see if this GP is relevant for possible transfer to their Operational Programmes.

| Is this a good practice in management or strategic focus of the OP? | strategic focus of OP |
| If in management, which type of GP? (monitoring process, evaluation process, evaluation criterias, specific calls – timing or quantity, good practices sharing, | Management of debate platform for setting S3 priorities was key to getting better strategic focus. |
communication of the calls, application system/interface, help during application process, indicators, evaluators selection process, other – (specify)

| If in strategic focus, which type of GP? (priority axis or support programme / intervention area further specified, priority axis change, financial allocation between priority axes, specific aims of priority axis, target groups, types of eligible recipients, change in support programme / intervention area – target group or allocated amount or eligible costs or supported activities, addition of a new support programme / intervention area, other (specify) | Priority axis / intervention areas defined, process how to do that improved |
| Name of the good practice (GP) | Improvement of R&I priority setting process |
| 5 keywords that best describe the content of the GP | smart specialization, stakeholder interests, improved process, debate platform, priority setting |
| Region of origin of GP | Lithuania |
| Name of the policy instrument from which this GP comes from | National methodology for identification of priority fields in RIS3 |
| Name of the Managing Authority of the OP | Ministry of Finance |
| Name of the Intermediate body carrying out duties related to the OP (if other from Managing Authority) | Ministry of Economy together with Ministry of Science and Education through interinstitutional coordination group (where also partners from research/business participate) |

### 3. Transferability

The “Transferability” section provides more information on the reasons why this GP might be transferable to other OPs. In addition, the section defines the key factors for its successful transfer and basic conditions the region and OP needs to have in order to benefit from transferring this GP.

**Why is this GP transferable? – innovation, impact, financial, legal, and timeframe aspects**

The GP was implemented as part of general EU regulatory framework to connect EU Funding (Structural Funds) to the Smart specialization strategies of EU countries. Especially that was relevant to new EU countries who rely on support from Structural Funds to make structural change. The GP is not about the strategic/thematic priorities for S3 (it’s different in each country and is very difficult to transfer), but about the open and transparent process how to work with stakeholders, how to engage them into the debate about S3 priorities and how
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| What are the key factors for successful GP transfer? | 1) Clear time framework (enough time for the whole process. In Lithuanian case it was half of the year, but at least 1 year shall be recommended for those who will try to repeat the GP)  
2) Internal motivation to have good debate (in our case it was MOSTA agency who wanted to ground the priorities with evidence and also to discuss that evidence with the wider audience);  
3) Support from the key decision makers (to use the generated result and transform them into policies/funding schemes) |
| What are the basic conditions the region needs to have to be able to benefit from Managing Authority transferring this good practice into their OP? | 1) Smart specialization strategy (or something similar, where at least some of the strategic focus is put on solutions applicable to home care);  
2) List of the major stakeholders in the country and enough authority/power/skills to engage them in debate (the only weak part of the process was business participation in debate)  
3) Availability of resources (money, experts, moderators) to prepare the workshops, to gather evidence, make comparative studies and foresights (more than 1000 pages of text was produced during the preparation phase) |
| What are the basic conditions the OP needs to have to be able to benefit from transferring this good practice? | There are no specific conditions except the resources to start the initiative and mandate to do that. |
| What are the underlying conditions / pre-requisites or circumstances the Managing Authority needs to have to be able to benefit from transferring this good practice? | The GP was implemented at the level of agency MOSTA – who got the mandate from Ministry of Science and Education to start preparation of Smart Specialization strategy and later expanded that mandate by engaging Ministry of Economy and Government into the process.  
Depending on the country, those underlying conditions may be attributable either to Implementing Agency, either to Intermediate Body / Management authority or all of them.  
1) Open mindset;  
2) Eagerness to include different stakeholders into the debate about country priorities  
3) Clear formal structure where disagreements by the different Ministeries are discussed and where decision is finalised (we had two – cross-institutional Coordination group for S3 and Strategic council for R&D at the Government) |

4. The reasons for introduction of the management or strategic focus GP into the OP

“The reasons for introduction of the management or strategic focus GP into the OP” section provides more detailed information on the reasons, needs and challenges of the concerned Managing Authority for implementing the below described GP including the list of concerned priority axes, specific aims and aid programmes/intervention areas.

| What was the need / challenge tackled in the OP by the introduction of the management or strategic imperative | Strategic imperative: implementation of Europe 2020 and also ex-ante conditionality of the new cohesion policy 2014-2020 to have S3 strategy. It was the main driver for a change (especially ex-ante conditionality, because it was connected to funding form SF2014-2020). Also there was an internal need which |

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**strategic focus GP described later on? Why did the introduction of this practice happen?**

Corresponded to that purpose – aim to focus measures on regional strength and to have clear priorities which are not only on paper, but also supported by funding.

**If relevant for some specific priority axis(es), name the specific priority axis(es) concerned. If relevant for all, write whole OP.**

1 priority “Strengthening research and development and innovation”

(1 prioritetas “Mokslinių tyrimų, eksperimentinės plėtros ir inovacijų skatinimas”)

**If relevant, name the specific aim(s) of the priority axis(es) concerned**

Promoting business investment in innovation and research, and developing links and synergies between enterprises, R&D centres and higher education, in particular product and service development, technology transfer, social innovation, eco-innovation, public service applications, demand stimulation, networking, clusters and open innovation through smart specialisation and supporting technological and applied research, pilot lines, early product validation actions, advanced manufacturing capabilities and first production, in particular in Key Enabling Technologies and diffusion of general purpose technologies.

(Verslo investicijų į MTI skatinimas, įmonių, MTI centrų ir aukštojo mokslo sektoriaus ryšių bei sąveikos plėtijimas, visų pirma, skatinant investicijas į produktų ir paslaugų plėtrą, technologijas, socialines ir viešosioms paslaugoms teikti skirtas inovacijas; taip pat paklausos, jungimosi į tinklus, grupių ir atvirų inovacijų skatinimas pagal pažangiosios specializacijos strategiją remiant technologinius ir taikomųjų mokslų tyrimus, bandomųjų linių diegimą, išankstinio produktų patvirtinimo veiksmus ir DPT pažangiosios gamybos pajėgumus, pirmiųjų gamybos bei bendrosios paskirties technologijų sklaidą.)

**If relevant for specific support programme(s) / intervention areas, name the specific support programme(s) / intervention areas of the OP concerned. If relevant for all, write whole priority axis.**

Not relevant – general practice for the whole 1st priority

### 5. Description of the introduced GP

The “Description of the introduced GP” section provides more details on the specific GP implemented and run in management or strategic focus of the OP.

**Describe more in detail the introduced GP in management or strategic focus of the OP based on the need/challenge specified above.**

The process of S3 had many aims: to have key priorities for investment of SF2014-2020, to build them on region’s strength, to support innovation and investment of private sector, to engage different stakeholders, to have evidence-based decisions.

GP is mainly reflected by national methodology and the stakeholder involvement process.

The methodology was prepared with the help of consultants how to implement RIS3 guide in national conditions. It facilitated creation of various analytic documents (evidence) in three main areas: a) started with background paper in 2012:


b) went through analysis of potential in R&D (2013):

6. Impact of the GP

The “Impact of the GP” section provides more information on level of impact of the GP in management or strategic focus of OP, including quantitative and qualitative results/indicators of the introduction and implementation of the GP.

| What was the level of impact of the GP introduced in management or strategic focus of OP? | all support programmes / intervention areas under specific aim of the given priority axis |
| Describe the quantitative impact results of the GP introduced in OP. What were the impact indicators including their quantification? | Increased amount of specialized support measures (at least 4 new measures: InoConnect; Inomokymai; Ikiprekybiniai pirkimai; SmartInvest) |
| Describe the qualitative impact of the GP introduced in OP | It have tried to make a fundamental change how priorities are set up and how policies are created. Lithuania did not have a culture of debate with different stakeholders, as well as evidence based policy making. Smart specialization process allowed to show the value of the process and also for the first time (on such a big scale) policies were based not on the wishful thinking of politicians or proposals by different lobby groups, but on carefully made analysis and collected evidence. |
7. Obstacles in implementing the GP

The “Obstacles in implementing the GP” section provides more detailed description of the main obstacles involved in implementation of this GP in the OP.

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<tr>
<th>Describe the main obstacles involved in implementing this GP into OP as was faced by the Managing Authority who provided this GP</th>
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</table>
| 1) It was very difficult to get mandate for MOSTA to perform that task. And only after they got money for the whole activity and started it as a project, when international experts started coming to Lithuania and explaining the potential impact – the mandate was given to proceed and MOSTA became the facilitator of the whole process.  
2) Most business stakeholders have missed opportunity. Although they were invited many times, few have understood the consequences of the process at that time. They neglected the working groups and meetings (from 20 priorities approximately 5-7 had clear business participation, usually in the areas where business companies cooperate with researchers – like biotechnology, laser/photonics). They started raising their voice only after the process was over, priorities set and measures for business prepared according to those priorities (i.e. 2 years later).  
3) The quality of evidence, preparation, the roadmaps varies – in some areas it is very good, and in some areas one can doubt how it became the priority for the country. At the moment MOSTA is going to fix that with the review of priorities by the year 2018.  
4) The process was very complex and difficult to manage. The GP is that the process WAS managed systematically. But there were also a lot of mistakes made and lessons learn during that path. Some of mistakes ended up in compromises which are criticized now both – by business and by researchers. |

8. Other information

In this section, specific additional information about the GP in management or strategic focus of OP could be revealed.

| Please describe any other relevant information about this GP in management or strategic focus of OP (if relevant) | This GP represents the closest implementation of Quadruple Helix in practice as Lithuania could achieve. While designing the methodology – all helixes were evaluated and measures were taken to get the feedback on the priorities from them. During practical implementation engagement of all helixes was approached with the same effort. And that's where the main lessons from the process were learned – if you want to engage business companies, you need to put 3 times more energy and effort into the process than with Government / Research side. And in order to engage society in general – the effort needs to be 5 times higher. That's what one needs to consider when planning the transfer of good practice. |

9. Information gathered by …

The information about this good practice (GP) in management or strategic focus of OP has been gathered for the purpose of the HoCare project (Interreg Europe Programme) by the following organization:

<table>
<thead>
<tr>
<th>Region</th>
<th>Lithuania</th>
</tr>
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<tbody>
<tr>
<td>Organization name(s)</td>
<td>Lithuanian Innovation Centre (Lietuvos inovacijų centras)</td>
</tr>
<tr>
<td>Name(s) of the contact person(s)</td>
<td>Edgaras Leichteris</td>
</tr>
<tr>
<td>Contact email(s)</td>
<td><a href="mailto:e.leichteris@lic.lt">e.leichteris@lic.lt</a></td>
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</table>
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