

Delivery of services of general interest in lagging regions and areas with special needs

ESPON DESIRE project

Mar Ortega-Reig, marorrei@upv.es

Polytechnic University of Valencia, Spain

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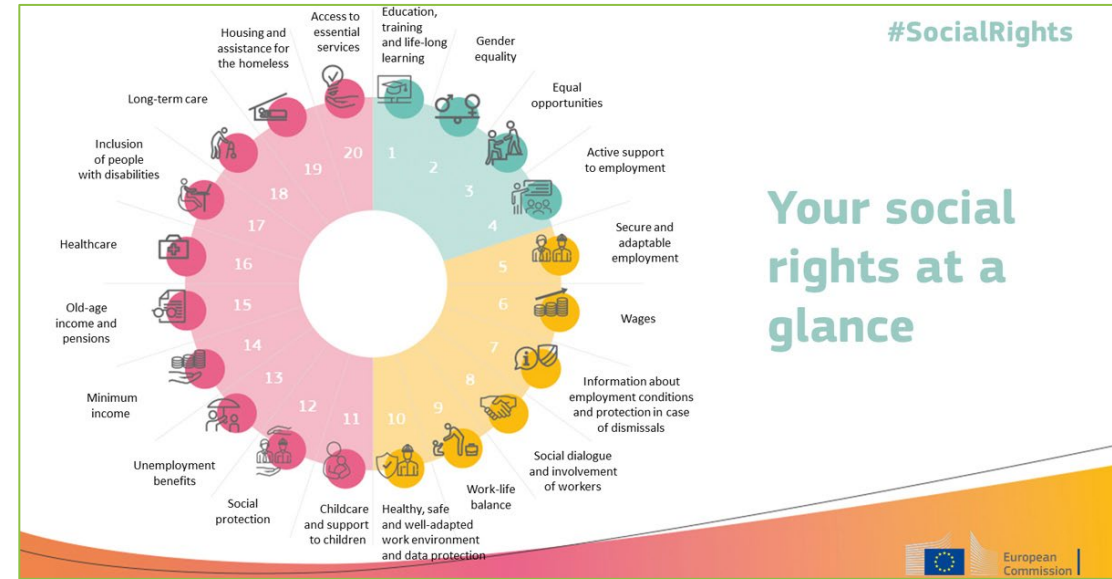
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Rational and approach



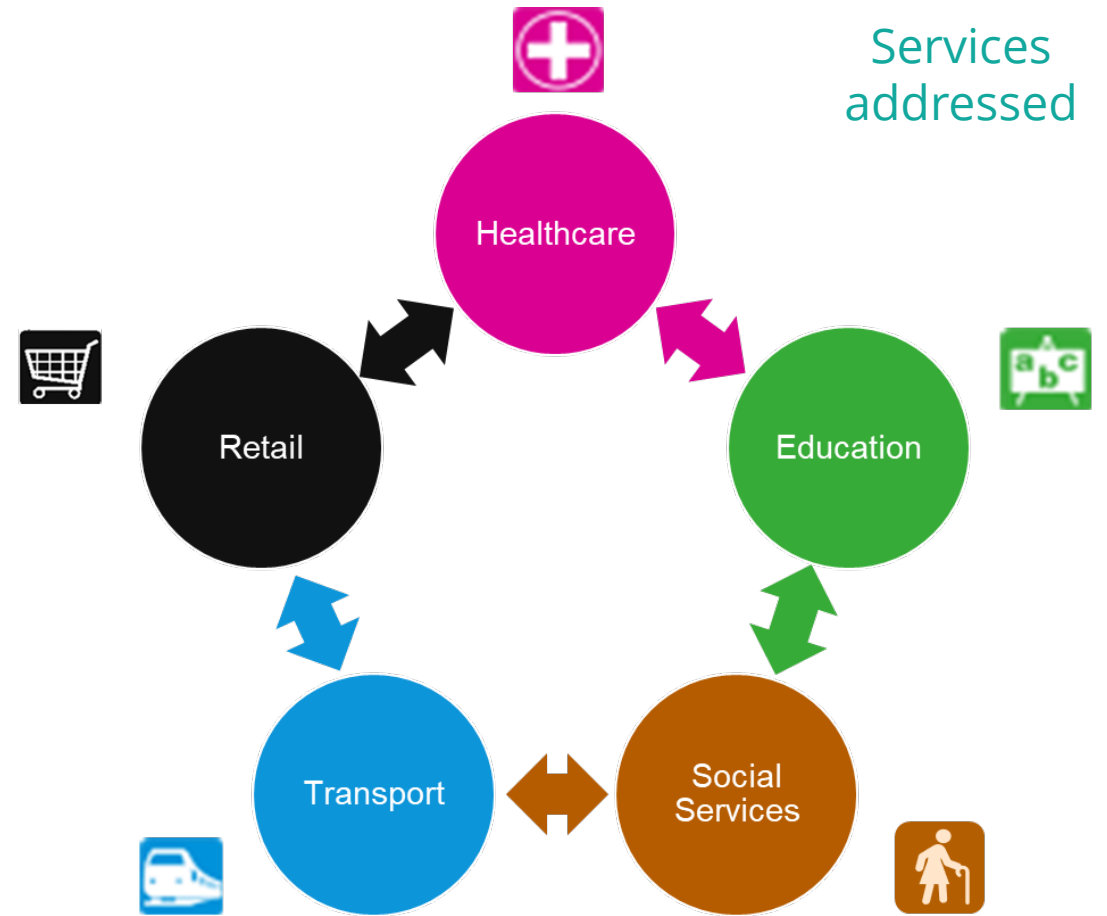
The context

- Citizens' right to affordable and good-quality services is underlined in EU documents towards stronger social Europe (e.g. the European Pillar of Social Rights).
- However, the pan-European territorial perspective on access to and sustainable provision of such services is lacking.



ESPON DESIRE project

- Focus on the existing solutions that are **innovative**, **unconventional** and **experimental**, but on the other hand, that also proved their value to be **sustainable** and **viable** for citizens, communities and businesses.



ESPON DESIRE project

- Joint Partners: Polytechnic University of Valencia (ES), TCP International (DE), HUN-REN Centre for Economic and Regional Studies (HU), University of Eastern Finland (FI), Baltic Institute of Social Sciences (LV), University of Galway (IE).
- Deliverables:
 - A report on pan-European **data analysis**.
 - Five longer **case studies** (IE, ES, FI, LV, HU) on the organisation of service provision.
 - 32 **good practice examples** across Europe.
 - Report on **benchmarking, conclusions and recommendations**.

Location of showcases

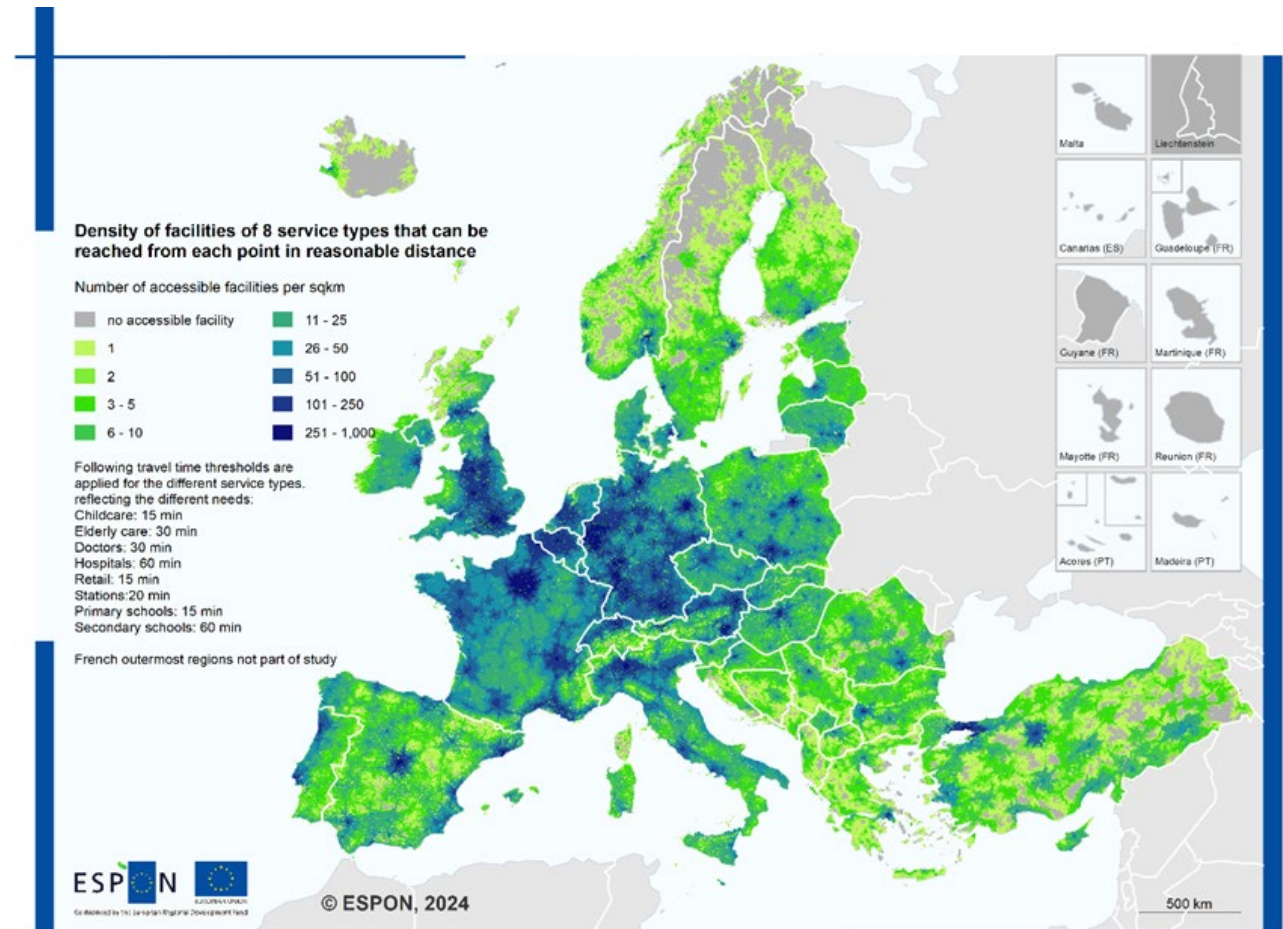


Source: Ministry of Public Administration and Regional Development, Hungary

ESPON DESIRE project

- Access to services of general interest – a pan-European overview

Density of facilities in a reasonable distance



Grid level (2.5x2.5 km)
Source: ESPON DESIRE, 2024
Origin of data: TCP International Accessibility Model, 2024; OpenStreetMap, 2024
© UMS RIATE for administrative boundaries

Source: ESPON DESIRE project

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An example of territorialised healthcare



Healthcare challenges



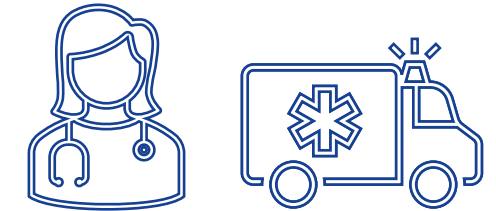
Geographic accessibility

- Few facilities
- Limited public transport
- Limited in case of emergency response
- Longer distances to secondary care



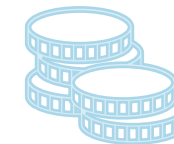
Healthcare staff

- Scarcity of staff
- Difficulty to attract and retain staff
- High rotation



Financial and investment aspects

- High cost of service provision
- Ageing population
- Sparsity



Having a **sustained relationship over time** with health professionals has **beneficial impacts** on health and wellbeing, as well as on cost-effectiveness.

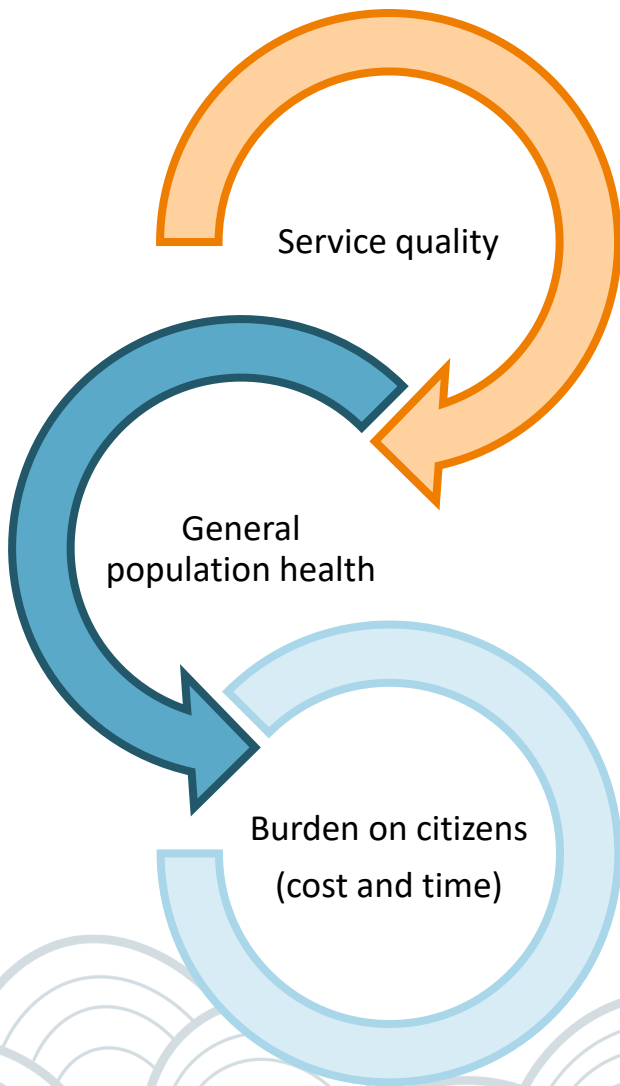
Having the same family doctor for 15 years or more decreases by 30% visits to emergency care, by 28% hospital admissions and by 26% mortality.

(Sandvik et al. 2022)

Is conventional urban-oriented service delivery working here?

How to address health in an integral way?

How to overcome sectoral approaches and its cumulative effects?

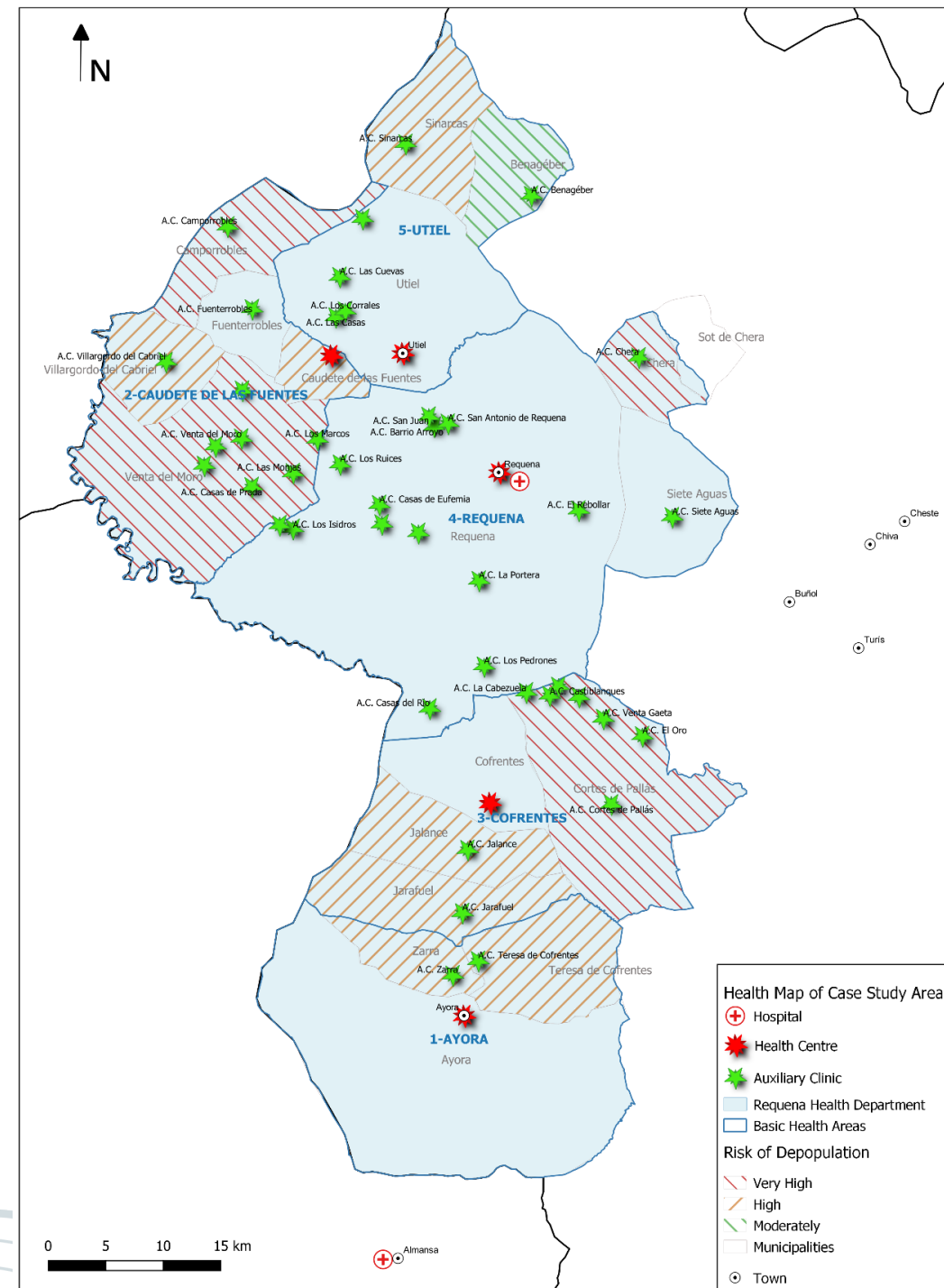


Territorial organisation

Primary care:

Based on a combination of permanent and itinerant professionals

- **5 Primary Health Centres** (★)
 - Doctor + nurse; 24/7 basic emergency healthcare
 - Paediatricians and midwives (if disperse: 1+ days per week)
- **42 Auxiliary clinics** (★) - for disperse areas
 - In collaboration with municipalities.
 - Doctors and nurses: daily or 1+ days per week or bi-weekly (more disperse areas)
 - Paediatrician and Midwife: 1+ days per week or bi-weekly (just in more populated areas)



Territorial organisation

Emergency services:

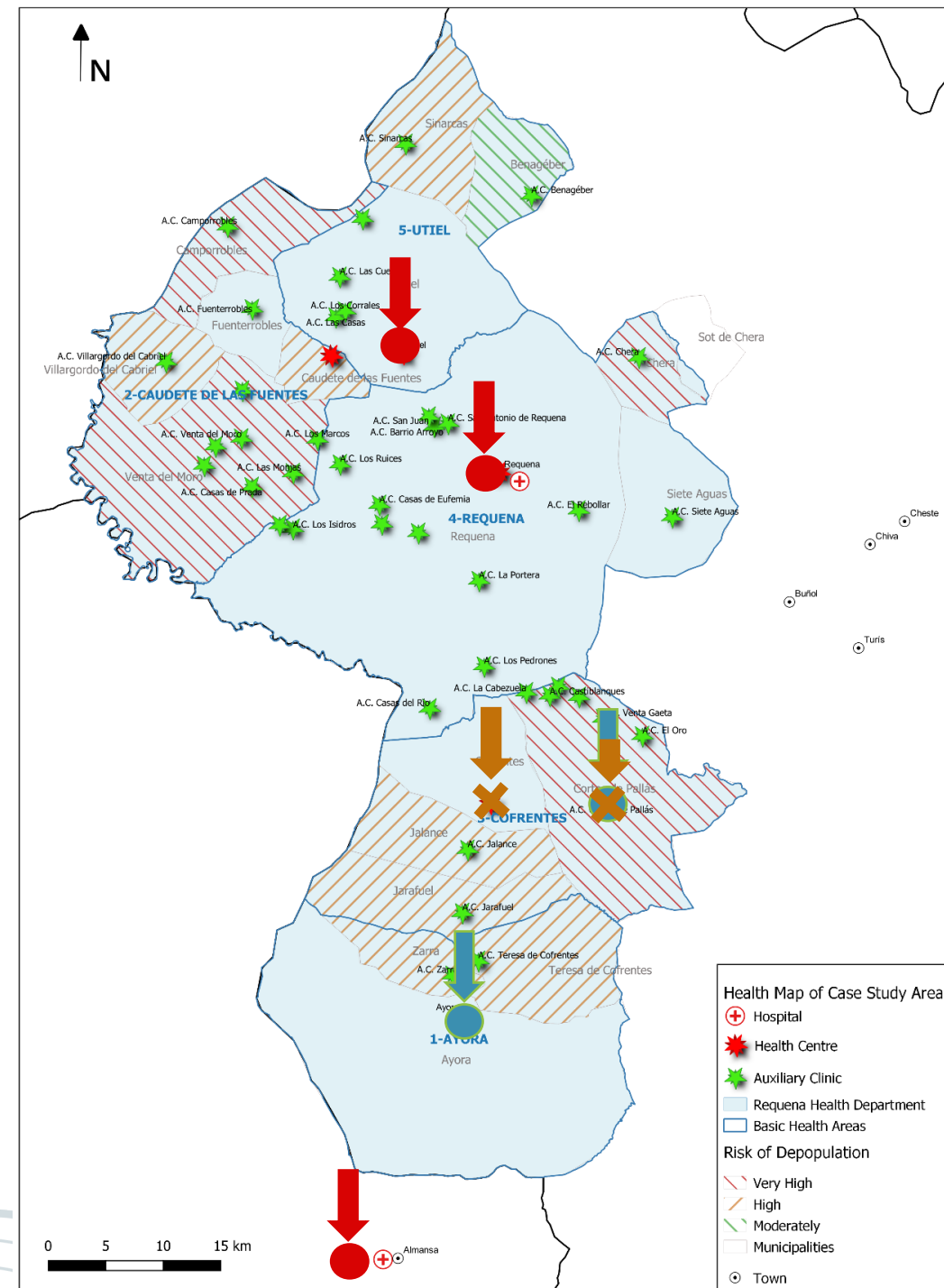
- Ambulances:

- Two Advanced Life Support (ALS) ambulances (●)
- Two Basic Life Support (BLS) (●)

- “Remot” Program:

Equipment and training of primary care staff for **advanced emergency care** in remote rural municipalities (✕)

- If travel time to town is >30 minutes and no advanced ambulance in the nearby area
- Advanced Adult and Paediatric Life Support equipment.
- Revision and optimisation of communication protocols (and direct radio connection)
- Innovative and transferable (for systems based in primary care)

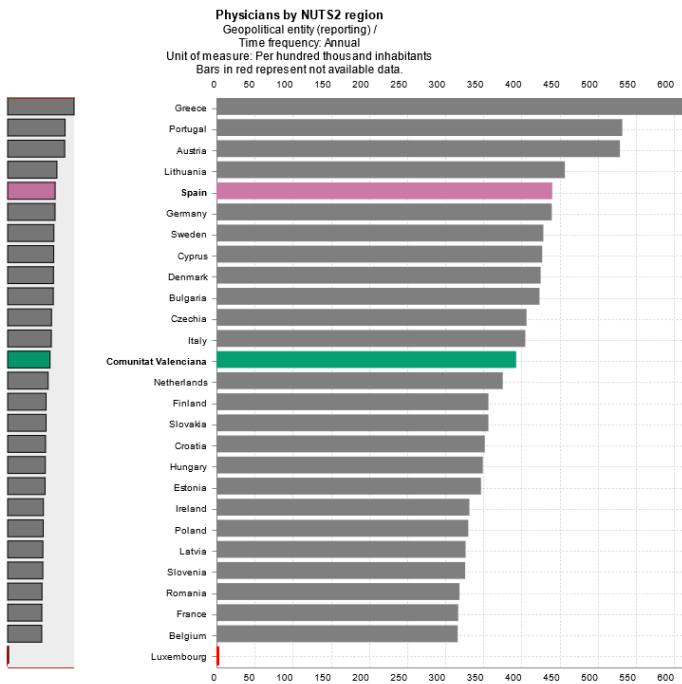


Financing of health provision

Health Department	TOTAL EUROS			EUROS PER ASSIGNED PATIENT		
	Secondary care	Primary care	Pharmacy Prescription	Secondary care	Primary care	Pharmacy Prescription
Requena	48.403.126,49	16.881.834,11	17.312.657,38	1035,03	360,99	370,21
Sagunt	128.774.084,87	42.291.811,99	56.037.493,07	832,69	273,47	362,36
Gandia	144.905.895,49	40.456.899,59	57.708.919,74	828,17	231,22	329,82
Xàtiva-Ontinyent	171.109.821,42	51.554.523,36	66.173.018,97	907,84	273,53	351,09
Valencia-Arnau De Vilanova	245.635.214,26	83.517.515,39	87.106.015,62	775,74	263,76	275,09
Valencia-Dr Peset	270.815.141,63	57.133.072,37	90.417.711,59	1030,54	217,41	344,07
Valencia-Clínico	394.692.251,15	70.029.368,66	97.409.114,34	1193,03	211,68	294,44
Valencia-La Fe	758.204.365,74	58.241.203,19	106.114.852,62	2727,51	209,51	381,73

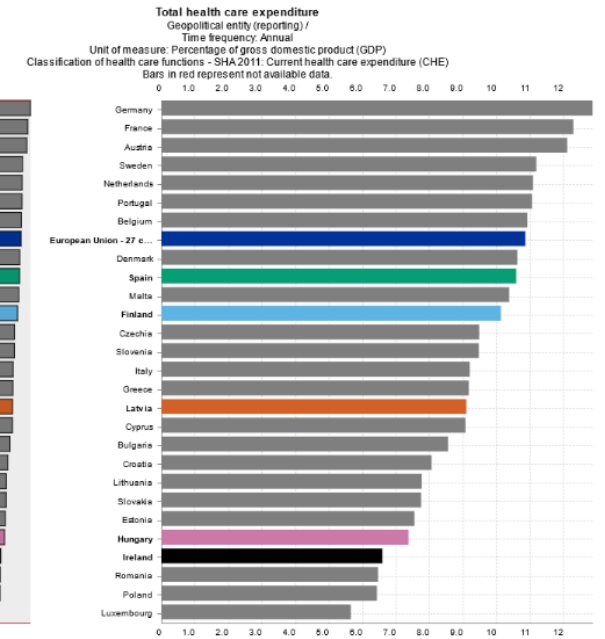
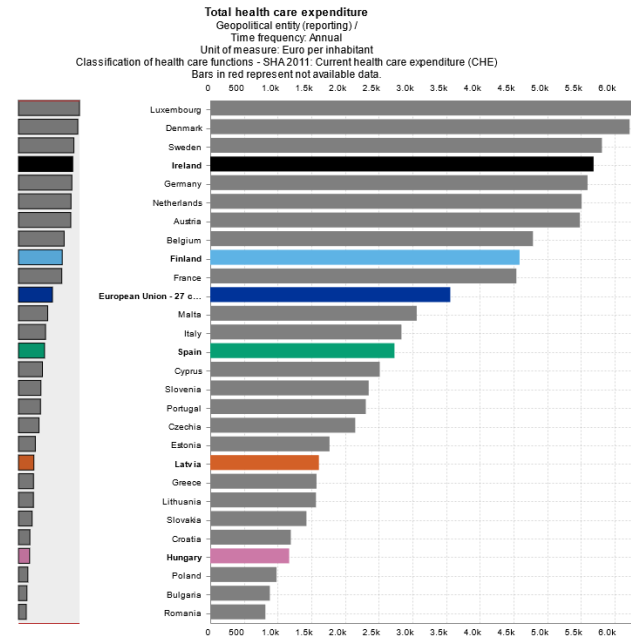
Financing of health provision

Physicians per 100,000 inhabitants (2019)



Total health care expenditure (2021)

% of GDP



Source of data: Eurostat (online data code: hlth_rs_physreg)
Last update: 10/01/2024 11:00



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Last update: 03/01/2024 23:00



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What can be learnt?



More equal accessibility to health can be provided by balanced territorial healthcare models.

Valencian Region is not a comparably expensive healthcare model in Spain and in Europe.

Need to **plan access to services in a more integral way**, from a quality of life perspective and based in territorial assets.

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How to support policy development to improve essential services?

Pathway 1: Tailored and Equitable Service Delivery

multi-angled approach ↔ regional needs assessments ↔ flexible and adaptable service models ↔ proactive measures to address inequalities ↔ continuous monitoring and adaptation of services

Pathway 2: Strengthening Community Engagement and Ownership

inclusive decision-making ↔ active participation, fostering trust and transparency ↔ building the capacity of communities to take leadership roles

Pathway 3: Building Resilient and Sustainable Service Models

diversified funding sources ↔ integrated innovative technologies ↔ adaptive management practices ↔ environmental sustainability

Pathway 4: Strengthening Governance through Collaborative Approaches

formal frameworks for cooperation ↔ resource sharing and joint funding mechanisms ↔ sharing of knowledge ↔ foster cross-sector partnerships

Pathway 5: Data-Driven Spatial Planning for Service Accessibility

spatial data and quantitative evidence ↔ critical service points ↔ adjusted plans and interventions

// Thank you

marorrei@upv.es



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ESPON DESIRE – Analysis on provision of public services in lagging regions and areas with special needs

Dr. Mar Ortega-Reig, Universidad Politècnica de Valencia (marorrei@upv.es) (Spain)

Dr. Victor Martinez-Gomez, Universidad Politècnica de Valencia (Spain)

Dr.-Ing Carsten Schürmann, TCP International (Germany)

Dr. Gergely Tagai, HUN_REN Centre for Economic and regional Studies (Hungary)

Dr. Petri Kahila, University of Eastern Finland (Finland)

Dr. Maura Farrell, University of Galway (Ireland)

Dr. Inese Šūpule, Baltic Institute of Social Sciences (Latvia)

Project website: <https://www.espon.eu/projects/desire-analysis-provision-public-services-lagging-regions-and-areas-special-needs>



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