

Strategic plan for meta-cluster development

Working group health

Central Europe Programme

CLUSTERS-CORD

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Introduction

Clusters collaboration on international scale has been deemed a precondition for unlocking fully the clusters potential to foster economic development, competitiveness and innovation. Such collaboration can bring multiple benefits for clusters, their members and whole regions and nations where the clusters are located. International collaboration of clusters brings access to new markets, new knowledge, technologies and infrastructure, enlarges the customer base and improves the overall innovation milieu. There are notable resources and know-how situated in the European clusters and only their cooperation will allow for using in most effective way the pre-existing complementarities and synergies among all actors of the innovation system.

The European Union has recognized the support of clusters collaboration as an indispensable part of the innovation support and has taken efforts to establish strategic partnership among existing players within the innovation system in order to ensure sustainable growth of the EU economy. Such collaboration will also enable fostering the excellence and world-class performance of present clusters.

The CLUSTERS-CORD project co-funded within the CENTRAL EUROPE programme strives to improve the framework conditions for innovation through establishment of lasting cooperation of clusters with sectorial affiliation, yet different geographical location. As a sustainable result of the project, at least three meta-clusters will be established as a basis for transnational cluster cooperation.

The Health care industry being one of the five pre-selected sectors with the best meta-clustering potential (the other four are Food, Energy and Environment, ICT and Tourism) proved to be a challenging industry for a meta-cluster build up, however, the present strategic plan outlines the possibilities of future collaboration, which are not negligible.

To be able to lay down the basis of truly lasting cooperation, it is necessary to look beyond the immediate and operational matters arising each day of clusters operation and to focus on the vision, concept and direction of what we intend to do and achieve. Therefore, the present strategic plan introduces the vision and mission, highlights shared values, common objectives and strategies and actions to reach these objectives under the umbrella of the Health meta-cluster.

1. Cluster internationalization

The single steps of the cluster internationalization process are described in the draft document Internationalisation Handbook the “Guidelines” version (Draft 2, 11/3/11) elaborated within the TACTICS project as follows:

Picture 1: Internationalization process



Source: Own based on Internationalisation handbook, TACTICS

1.1. Cluster internationalisation process

The internationalisation brings multiple tangible benefits for the clusters themselves, for their members – businesses and others – and implicitly also for the regions and countries where the clusters are located.

The key word when thinking of benefits of the internationalisation of clusters is “access”. By going international the clusters and their members gain access to new markets, wider customer base, knowledge, technologies, infrastructure and international partners for collaboration. In turn, the clusters can deliver increased competitiveness and export performance for their regions and countries.

The internationalization of clusters is a prerequisite for making use of pre-existing complementarities and for using the synergies among present resources and know-how located in EU clusters. The international cooperation among clusters with the same sectorial affiliation can truly help to unlock their potential to act as the delivery bodies of economic growth, increased competitiveness and innovativeness of the EU.

Before going international, clusters must conduct the assessment of their readiness to do so. The draft Guidelines summarizes the basic pre-requirements of potentially successful internationalisation of clusters:

- Core building blocks at place (cluster strategy and action plan, core team, core funding, governance structure etc.);
- Critical mass of diverse members;
- Sufficient dynamism;
- Necessary capacity and capability of cluster management;
- Commitment to internationalisation;
- Infrastructure to offer for international collaboration.

The clusters must concisely determine what kind of collaboration or partnership they are looking for. To do so, it is crucial for them to have access to relevant information on market opportunities and threats. Clusters must be able to identify opportunities, consider them and prioritize. As far as the CLUSTERS-CORD project is concerned, it is vital to be aware especially of the cross-cluster opportunities present in Central Europe.

In order to follow and develop the opportunities identified in step 3, a comprehensive strategy and action plan is needed. The strategy must be in line with pre-existing regional, national and European strategies. In other words, the strategy must be a part of the bigger picture so that the synergies and reinforcing effects are free to develop. The strategy must answer the key W-questions – WHY, WHAT, WHEN, WITH WHOM and of course HOW.

Based on the individual needs of clusters who decided to go international but are not sure that they meet all the pre-requirements – or they are sure they do not – a training to fill in the identified gaps should be delivered to get the respective cluster ready for international cooperation. The training may be employed to improve the capacities and capabilities of the cluster management (leadership, language skills, cultural awareness etc.), to increase the level of cluster members participation or to develop cluster dynamics and improve the level of networking within the cluster.

To identify the right partners, clusters are encouraged to draw on pre-existing networks and platforms, namely the European Cluster Collaboration Platform is proposed as a useful tool. It is highlighted that a win-win partnership should be built so that all partners gain something from the cooperation.

To develop common collaborative projects, it is essential to identify partners who share the same goals and priorities. For the first time, a face to face meeting is highly recommended, only then the

communication can evolve via means of virtual electronic tools. The subject of collaboration and its expected outcomes must be clearly defined and must follow practical and result-oriented approach. It must be taken into account that successful collaboration requires mutual knowledge and trust, which can only develop over time.

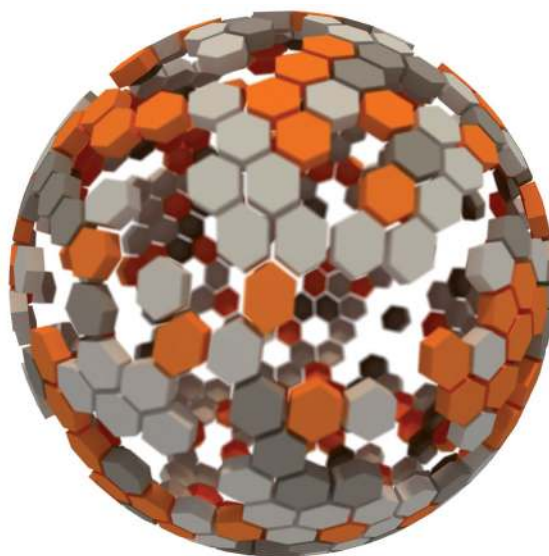
The collaborative partnership of clusters must have clearly defined outcomes and outputs and after some time should become self-financing. It is better to invest time and efforts into already established network and to repair it from inside if it does not work entirely well than to keep establishing new and new entities. The partnership – whatever form it takes – must be managed and steered in a professional manner. Creation of networks of networks is recommended as to strengthen the sustainability aspect, on the other hand, it is reiterated that clusters' life cycles are finite and obsolete clusters should be eventually closed and replaced by most appropriate solutions of current needs and challenges.

1.2. Internationalisation steps in the CLUSTERS-CORD project context

The clusters involved in the Working group Health stated their readiness to start international cooperation by joining the project CLUSTRES-CORD dedicated to developing transnational cooperation of clusters via meta-clusters being in fact “clusters of clusters”.

The project CLUSTRES-CORD helped the involved clusters to thoroughly answer the “Why” question and to identify opportunities and partners within the operation of the working groups. The first meeting of potentially partnering clusters was held in Milan in October 2011 where the clusters' representatives could meet face to face and to determine common interest and goals. Thus, a basic mutual knowledge and trust was created or at least the basis was established.

The present strategic plan will develop the prospect for cooperation and in case of will of involved clusters, will be followed by a Cooperation agreement and a meta-cluster build-up. Under the umbrella of the meta-cluster, the steps from 7 to 10 can be gradually taken after the project life ends (February 2012).



2. Summarization of the thematic scan

2.1. Thematic scan summary

Thematic scan of the Health working group provided a basic overview of the clusters involved, their vision and mission, a SWOT analysis of each involved cluster, rationale for their interest in transnational cooperation and the assessment of the potential of the working group to take it to the next step of creating a meta-cluster.

Four clusters indicated their interest to be involved in the Working group Health and to develop common basis for their future cooperation. These clusters are by coincidence located in three V4 countries – Poland, Hungary and the Czech Republic and come from different areas of specializations within the health sector (nanotechnology, transplantology, pharmaceuticals and chemical biology). Given the multidisciplinary approach is *a sine qua none* of innovation in the health care sector, the wider range of specializations should work in favour of the future cooperation.¹

The clusters' representatives defined preliminary common goals and actions and indicated what they can offer for the collaboration and on the other hand, what they expect to gain from it. The outcomes of such a supply-demand analysis showed that there is some compatibility in the clusters' interests, however, the basic goals and expectations differ to some extent.

What was identified as favourable for the collaboration was the mixed nature of the group in terms of experience and advancement of the clusters, which enables meaningful exchange of experience and information between the more and less developed clusters, on the other hand, it put forward the challenge of finding a win-win way of cooperation.

The composition of the group as of the time when the thematic scan was delivered proved to be challenging and it was highlighted several times that this mixed and multidisciplinary nature of the group must be understood as an opportunity rather than a weakness or a threat for the future collaboration. It was also recommended that more clusters are to be invited to participate as to enhance the potential for cross-fertilization and common collaborative projects development.

The involved clusters expressed their interest and willingness to work together in order to reach following goals:

- Improving and sharing RTD infrastructure and other facilities;
- Support to SMEs to enhance their innovativeness and access to new markets;
- Identifying relevant (collaborative) research and development projects;
- Dissemination activities through conferences, workshops, publications, web-based initiatives and any other relevant events or activities;

¹ At the final stage of meta-cluster development only three clusters confirmed their interest, the Polish cluster of Nanotechnology remained no longer involved.

- Internationalization activities to prepare clusters for global competition and to unlock new business opportunities;
- Fund-raising;
- Gaining leverage at EU-wide level;
- Capacity building.

For the sake of fruitful cooperation, it was recommended that the communication within the group intensifies and so that the clusters start working on more specific definition of their collaborative projects and their expected outputs and outcomes.

2.2. Industrial outlook

The healthcare industry is one of the world's largest and fastest growing industries reaching 10% of GDPs of the most developed nations.

Across the European Union the health care sector represents a significant part of national economies with obvious implications for economic growth, employment and public health. Health care industry subsumes many economic aspects such as performance of industrial actors, interactions between research, products development, market access, competition in the market and trade.

Moreover, there is a clear link between health and prosperity, not to mention the political dimension of the industry.

The European Commission emphasizes that innovation friendly environment is needed crucially in case of the health care industry where innovation is a decisive factor and the key driver.

The European policies on health reflect the fact that there are some areas where Member States cannot act alone as effectively and where cooperative action at the EU level is indispensable. These areas comprise major health threats and issues with international impact, such as pandemics and bioterrorism, as well as issues related to the free movement of goods, services and people. The work on health on the EU-level also adds value to the actions in the area of illness prevention, food safety, safety of medical products, etc.

The ultimate goal of EU policies is to fulfil the unmet needs of patients and to preserve Europe's role as a prime location for R&D and manufacturing of healthcare products.

The European Commission has been engaged in promoting the aforementioned innovation-friendly environment and facilitating the uptake of new products and services by Member States in order to make Europe a viable hub for biomedical innovation.

However, over the past years, several challenges have evolved requiring a new strategic approach as proposed by the White paper on EC Health strategy:

- Demographic changes including population ageing;
- Pandemics, major physical and biological incidents and bioterrorism as potential major threats to health together with the climate change bringing around new communicable disease patterns;
- Rapid development of new technologies which are revolutionising the way we promote health and predict, prevent and treat illness. These include information and communication technologies (ICT), innovation in genomics, biotechnology and nanotechnology.

The White paper on the EC Health Strategy defines four fundamental principles for action to be taken:

Principle 1: A STRATEGY BASED ON SHARED HEALTH VALUES

Principle 2: “HEALTH IS THE GREATEST WEALTH”

Principle 3: HEALTH IN ALL POLICIES (HIAP)

Principle 4: STRENGTHENING THE EU’S VOICE IN GLOBAL HEALTH

and 3 core objectives of the strategy:

OBJECTIVE 1: FOSTERING GOOD HEALTH IN AN AGEING EUROPE

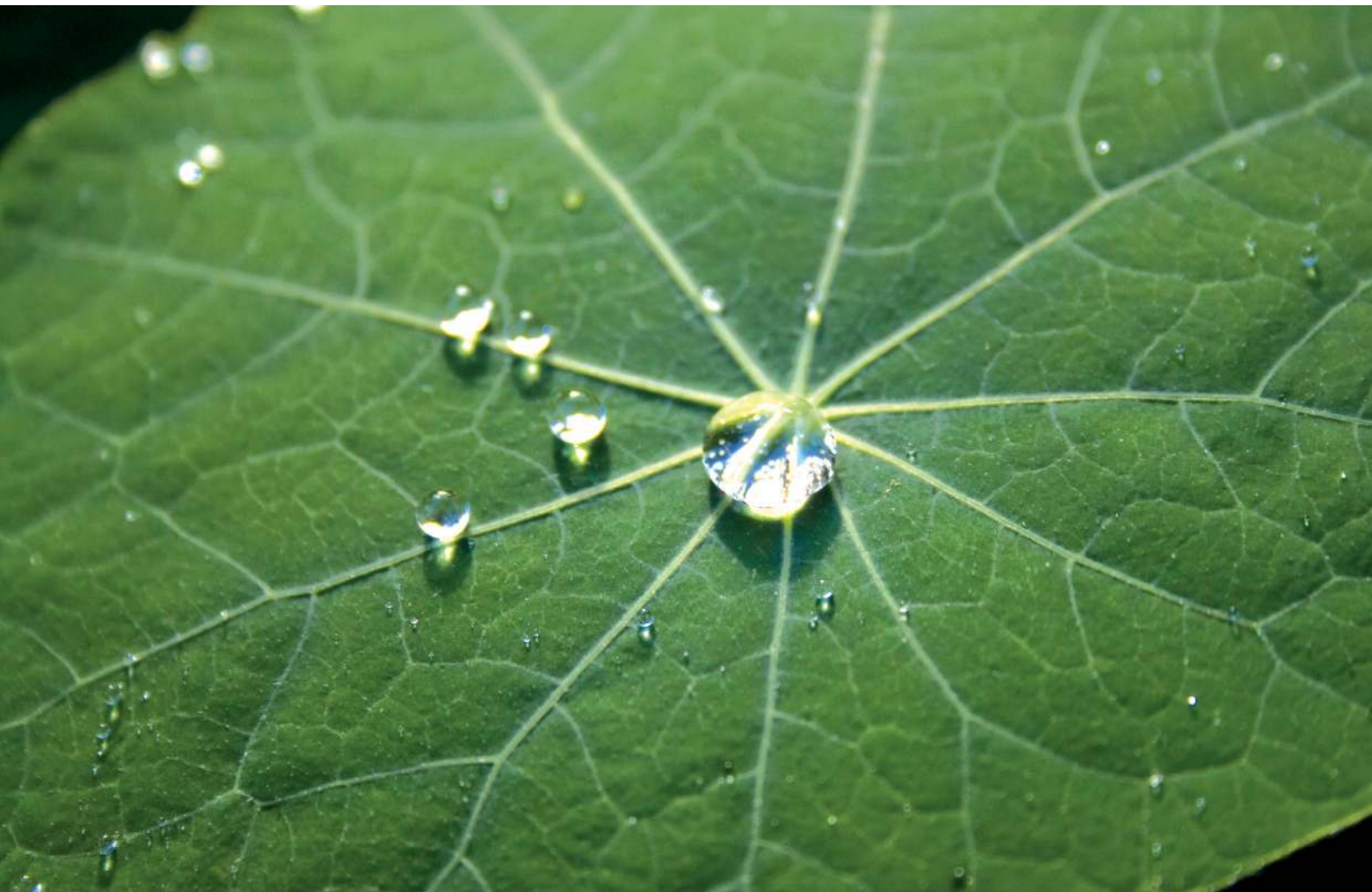
OBJECTIVE 2: PROTECTING CITIZENS FROM HEALTH THREATS

OBJECTIVE 3: SUPPORTING DYNAMIC HEALTH SYSTEMS AND NEW TECHNOLOGIES

Clusters and meta-clusters can have an important say in all the aforementioned objectives of the EU-strategies and it follows that the meta-cluster’s operation and collaborative projects should focus on reinforcing them.

Clusters are recognized intermediary business entities and delivery bodies of economic policies representing the interests and visions of their members and as such are a competent partner in a regional, national and also transnational dialogue related to the health care industry.

The *raison d’être* of clusters is to foster innovation, competitiveness and economic development, thus, clusters have potential to help to put in place the preconditions for successful answer to the present challenges, trends and threats as outlined above.



2.3. Current signs of meta-clusters in Europe

Up to date, there have already been several networking initiatives developed at the European level with resemblance to the concept of a meta-cluster as devised by the CLUSTERS-CORD project.

As the innovation is a key word for the current meta-clustering and networking activities, let's have a closer look at the innovation support at the EU-level first before dealing with the sector-specific initiatives present in the EU.

The European Commission has delivered series of initiatives and actions aimed at providing financial support to innovation. The initiatives and actions comprise financial support to innovators and improvements of innovation support services for SMEs by developing and testing new forms of business support and facilitating transnational cooperation with a view to mobilising more resources for the creation of a European Innovation Space. These activities are financed by the financial instruments of the Competitiveness and Innovation Framework Programme (CIP) and include for example the PRO INNO Europe® initiative, partnership platforms under Europe INNOVA or Enterprise Europe Network.

Transnational cooperation of clusters is a counterpart of the present innovation policy which is generally speaking dedicated to helping companies to perform better and contributing to wider social objectives such as growth, jobs and sustainability. European innovation policy subsumes numerous policy tools, one of them being the establishment of supportive framework conditions for innovation and it is exactly where the clusters and meta-clusters belong when considering them as innovation supporting entities.

Clusters are recognized as powerful engines of economic development and drivers of innovation across EU. According to the DG Enterprise and Industry, the value of clusters lies with their capacity to provide a fertile business environment for companies, especially SMEs, to collaborate with research institutions, suppliers, customers and competitors located in the same geographical area.

At the same time, it is acknowledged that the EU does not lack clusters themselves but what it lacks is the world-class excellence to be found in the existing clusters. Therefore, the European Commission outlined a policy framework setting the course for improvement of the level of excellence and openness of present clusters. This policy framework includes the measures of fostering transnational cooperation between cluster organisations and of further developing the European Cluster Observatory (see below) into a full-fledged information service on clusters for enterprises and thereby, improving the integration of innovative SMEs into clusters.

Aforementioned Cluster Observatory together with the European Cluster Collaboration Platform represent the two most notable platforms at the European level dedicated to clusters going across all industries. Another cross-sectorial initiative to mention is the European Cluster Alliance. To complete the overview with examples of initiatives affiliated to the health-sector, Council of European BioRegions and European Diagnostic Clusters Alliance are also mentioned.

2.3.1. European Cluster Collaboration Platform

The European Cluster Collaboration Platform is embedded in European Cluster Excellence Initiative and financed by the DG Enterprise and Industry under the financial instrument of CIP. The platform provides online information and networking support to clusters to enhance their transnational and international cooperation as a means of increasing their innovation performance and competitiveness. The platform's aim is to facilitate the cooperation between clusters but also between their members in order to unlock their innovation potential and to help them reach the excellence of their performance.



The platform has several thematic sections dealing with the mapping and profiling of clusters and their members, establishing geographical, sectorial and thematic communities, finding new project ideas and financing sources.

2.3.2. Cluster Observatory

The cluster observatory is an online platform which provides information and analysis of clusters and cluster policies in Europe. It provides data and analysis on clusters and competitiveness and offers a user-driven toolbox comprising a cluster library and wiki, cluster mapping, calendar of clusters- related events and a classroom for cluster education. The Cluster Observatory is managed by the Centre for Strategy and Competitiveness (CSC) at the Stockholm School of Economics (Sweden), in collaboration with Orkestra (Basque Institute of Competitiveness, Basque Country, Spain).



2.3.3. European Cluster Alliance

European Cluster Alliance is a platform established to enable a permanent policy dialogue at EU level among public authorities of different levels responsible for developing cluster policies and managing or funding cluster programmes in their countries or regions. The Alliance strives to meet the needs and interests of EU states and regions to share experience in the field of cluster policies. Apart from sharing the so far gained experience and facilitation of policy dialogue, the initiative is aimed at raising the level of excellence and efficiency of cluster policies, which would result in emergence of more competitive world-class clusters in Europe. Among the founding members of the European Cluster Alliance is the partnership of the CLUNET project gathering 64 top level clusters.



2.3.4. Council of European BioRegions (CEBR)

CEBR is a network of biotechnology, launched in 2006 through a FP6-funded project and provides support to professionals that foster their local bio-community through direct services including networking, incubation, partnering and cluster promotion. The CEBR mission is to build up a competitive European biotechnology sector through networking, collaboration, recommendations for policies and sharing best practice across the regional bio-communities.



CEBR aims to:

- Reduce fragmentation of companies and regions in Europe;
- Create a level playing field for company operation;
- Transform competitiveness to cooperation between regions;
- Create a platform for EU biotechnology initiatives, including EC-funded projects.

2.3.5. European Diagnostic Clusters Alliance

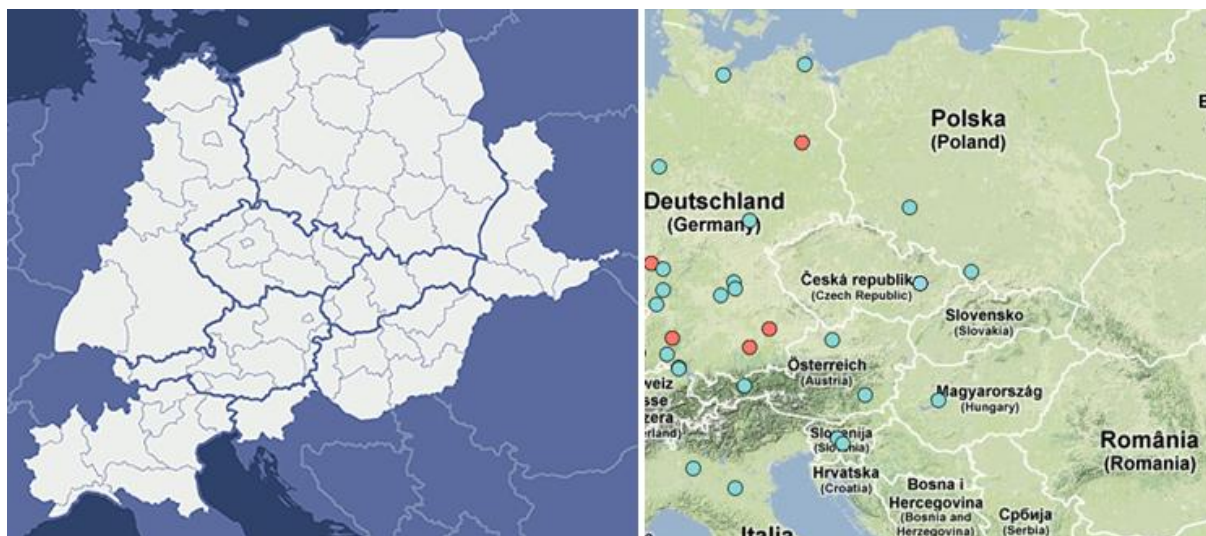
The EDCA is an association striving to promote competitiveness in the field of medical diagnosis. The association works to enhance the synergies between academic and clinical research, health authorities and private diagnostic companies. Furthermore, the purpose of the association is to promote development of diagnostic clusters and to promote cooperation between these clusters (inter-cluster) with the aim to help develop collaborative projects in Europe, develop networking and innovative partnerships.



2.4. Overview of Health clusters in Europe with focus on CENTRAL EUROPE Programme area

In the area of Central Europe there are not so many clusters established in the field of health care industry and/or related micro- and nano-technologies. Below, a map of Central Europe regions as defined by the CE programme is presented together with a map displaying the distribution of the clusters across these regions.

Picture 2: CENTRAL EUROPE Programme area and present health clusters



Source: central2013.eu and clustercollaboration.eu

The map below indicates the other European clusters operating in the health industry and micro- and nano-technologies, yet located outside the CENTRAL EUROPE Programme area.

Picture 3: EU area and present health clusters



Source: clustercollaboration.eu

The table below presents the list of all potential clusters across the CENTRAL EUROPE area which could join the Health Meta Cluster based on their sectorial affiliation, scope of activities and/or competencies. Some of them have been already involved in the meta-cluster initiative, however, as the table clearly demonstrates there is still a huge potential of bringing more clusters in.

Table 1: Overview of health clusters inside CE

Country	Cluster	Website	Involved in metacluster build-up?
Austria	Human Technology Styria GmbH	www.humantechnology.at	no
	Cluster Life Sciences Tyrol	www.standort-tirol.at	no
	Gesundheits-Cluster	www.gesundheits-cluster.at	no
Czech Republic	MedChemBio	www.medchembio.cz	yes
Germany	BioLAGO	www.biolago.org	no
	MedicalMountains AG	www.medicalmountains.de	no
	Forum MedTech Pharma e.V.	www.medtech-pharma.de	no
	Medical Valley EMN e.V.	www.medical-valley-emn.de	no
	NeZuMed – Netzwerk für innovative Zulieferer in der Medizintechnik	www.nezumed.de	no
	Baltic Diabetes Cluster	www.eco4life.info	no
Hungary	PharmAgora Quality of Life Cluster	www.pharmagora.hu	yes
Italy	Consobiomed	www.consobiomed.it	no
	Polo Tecnologico della Cosmesi	www.polocosmesi.com	no
	BioPmed innovation cluster	www.biopmed.eu	no
Poland	Polish Cluster of Nanotechnology	www.nanocluster.pl	yes
	Cluster of transplantology Katowice		yes
Slovenia	i techmed	www.itechmed.com	no

Source: Own based on clustercollaboration.eu

The table 2 indicates other relevant European clusters situated outside the CENTRAL EUROPE Programme Area who may be considered as potential future partners for collaboration within a health oriented meta-cluster overstepping the Central European boundaries.

Table 2: Overview of European health clusters outside CE

Country	Cluster	Website
Belgium	Brussel LifeTech Cluster	www.brussellifetech.com
	European Diagnostic Cluster Alliance (EDCA)	www.edc-alliance.eu
Denmark	Lev Vel	www.lvvl.dk
Estonia	Estonian HealthTech Cluster	www.htcluster.eu
Finland	Finnish Nanotechnology Cluster Programme	www.nanobusiness.fi
France	Pharmabiotic Research Institute (PRI)	
	Alps Bio Cluster	www.alpsbiocluster.eu
	I-Care	www.i-carecluster.org
	MEDIC@LPS	www.medicalps.eu
Germany	Brancheninitiative Gesundheitswirtschaft Südwestfalen e.V.	www.gesundheitswirtschaft.net
	innovating medical technology in.nrw	www.medtec-innrw.de
	Medizintechnik.NRW	www.medizin-technik-nrw.de
	ZIG – Zentrum für Innovation in der Gesundheitswirtschaft OWL	www.zig-owl.de
	NanoBioNet e.V.	nanonienet.de
Norway	MedCoast Scandinavia	http://medcoast.org/
	Oslo Cancer Cluster	http://oslocancecluster.no/
	Oslo Medtech	http://oslomedtech.no/
Portugal	Health Cluster Portugal – Pólo de Competitividade da Saúde	www.healthportugal.com
Spain	Catalan Health Cluster	www.parcdesalut.com(index.php/en/axis-of-health/health-cluster-in-sabadell-and-the-area
	Cluster de la Salud de Extremadura	www.clustersalud.es
	Madrid Well-being and Health Cluster	
	TICBioMed	www.ticbiomed.net
	Asociación CVIDA	www.cvida.com
United Kingdom	GMEC	www.gmecuk.com
	Healthcare and Bioscience iNET	www.eminnivation.org.uk/Default.aspx
	North East of England Process Industry Cluster	www.nepic.co.uk
	West Midlands Medical Technologies Cluster	www.medilinkwm.co.uk

Source: Own based on clustercollaboration.eu

2.5. Central European clusters: demand and supply

In order to identify the scope of cooperation and potential matches between involved clusters, the cluster representatives summarized what their clusters can bring into the strategic cooperation within a meta-cluster (supply) and what their expectations from the transnational cooperation are (demand).

The task of identification of the clusters' supply and demand was supported by the CLUSTERS-CORD partnership comprising regional development agencies with necessary expertise in cluster development.

Basic outline of the collaboration topics (demand side) came out of the working session held in Milano at the eve of the Benchmarking conference in October 2011. The outcomes of the working session are summarized in the table 3.

Table 3: Clusters collaboration demand summary

Common marketing • Fairs!!! • ICT common marketing approach • Matchmaking events • Match making ICT platform • Common workshop	Financing cluster management • Sustainable source of finances for services • Fund raising	Lobbying and support • Common lobbying at EU level • Public institution involvement • PPP models • (Inter)national support of meta clusters • Cooperation network • (Inter)national network
Common joint R&D • Joint ventures • Common R&D projects • New technology • Cooperation of universities	Capacity building • Expertise exchange • Exchange offer for the future for cluster Managers	Knowledge transfer • Platform with low costs management • Technology transfer from R&D to business • Structure Health database with product and process in health • Core competences in ICT and energy

Source: Interactive Workshop Instant Report delivered for the Benchmarking Conference by FUTOUR

The specific items of supply and demand identified within the Working group health in Milano and in further discussion are summarized in the table below.

Table 4: Collaboration demand and supply of the Health Working Group

DEMAND	SUPPLY
Joint food supplements development	New drugs and bio-markers development and testing
Partners for FP7 and FP8 projects, namely hospitals for clinical trials	GLP, GMP and ISO 17025 verification
Financial support for cluster development and its goals realization	Cross-disciplinary know-how
Donor recruitment	Talented scientists ready for international cooperation
Gaining more business partners with interest in innovative technologies	Modern medical technologies
Exchange of experience and expertise	Membership base comprising high-profile SMEs and research units
Common promotion on international scale	Promotion and marketing within the affiliated networks and portals
Internationalization possibilities for cluster members	Dedicated cluster manager committed to internationalization

Source: Thematic scan



3. Meta-cluster strategy

3.1. Vision and Mission

Vision and mission shall represent inspiring but realistic words clearly depicting the direction of an organization. Vision and mission statements help the organization to communicate its intentions, to motivate the internal team to realize the common vision and to make it easier for potential partners to understand what the organization do and why they should work with it. As such, vision and mission definition is a relevant part of the strategic plan, which in the end says where an organization is going and how it is going to get there.

3.2. Health meta-cluster vision

“To build up a strong and viable cluster of European clusters affiliated to health industry including the leading companies and research and development units from within the sector in order to unlock the potential of the clusters internationalization for the benefit of their members and regional economies.”

3.3. Mission

The mission of the Health meta-cluster is to translate the potential of internationalization into tangible and beneficial results for the involved clusters and their members, namely in the following fields:

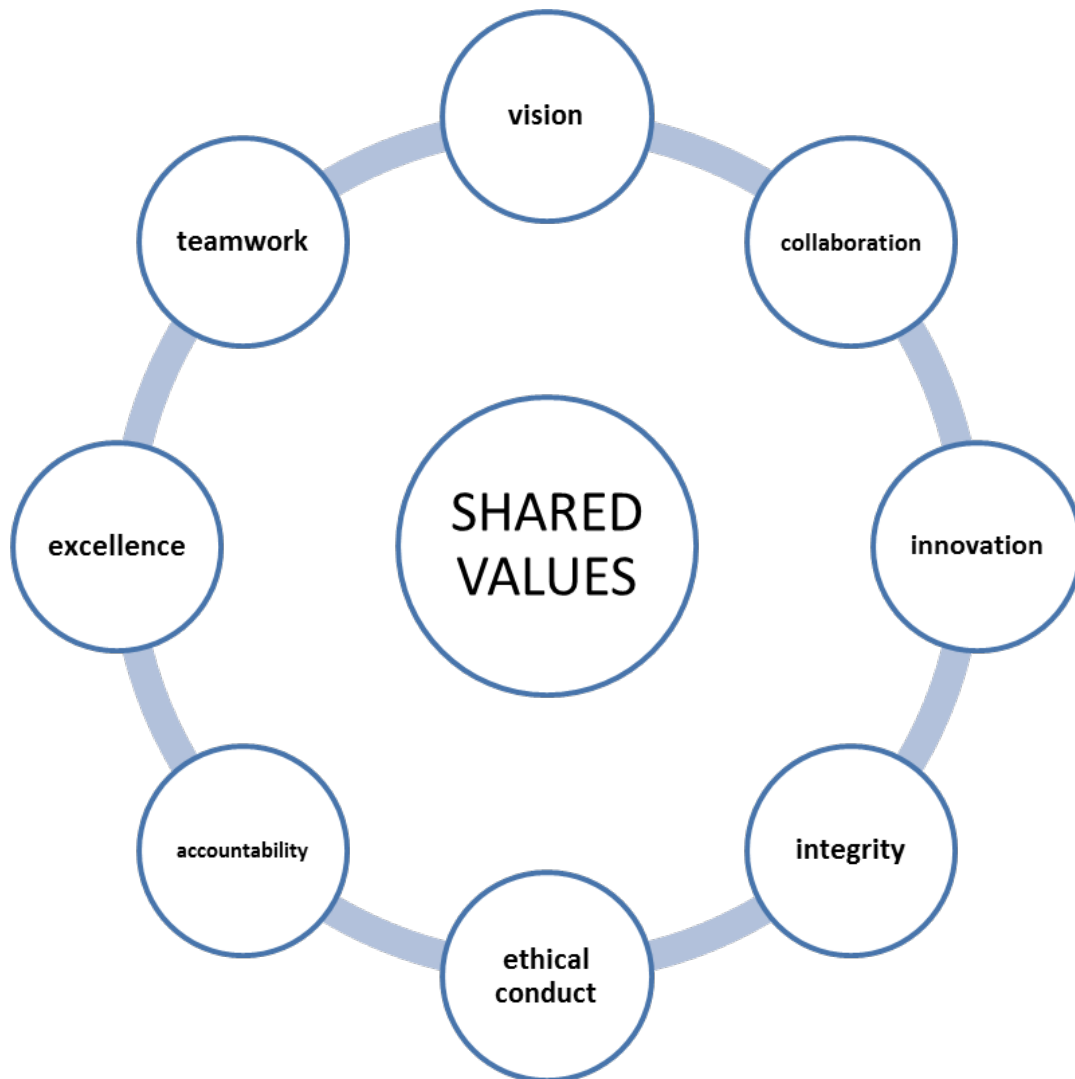
- To gather existing know-how, expertise in order to foster excellence;
- To easier translate the R&D results into marketable solutions for the benefit of patients and customers;
- To increase the competitiveness of the involved clusters' members;
- To foster transnational collaboration projects;
- To foster innovation and technology flow across EU;
- To take advantage of all pre-existing synergies.

3.4. Shared values

Shared values represent the explicit or implicit fundamental principles, concepts and beliefs which determine the culture of an organization and which guide the decisions and conduct of the organization (businessdictionary.com). Shared values refer to the identity of the organization – they lie at the very heart of what the organization want to be and how the organization strives to do things.

At this initial stage of the meta-cluster build-up, it is of course tricky to speak about shared values among its members, however, some key drivers and principles of the conduct could be identified and these are summarized in the diagram below.

Picture 4: Shared values



Source: Own

3.5. SWOT analysis

The table below summarizes the identified strengths and weaknesses together with the opportunities and threats which must be taken into account during the meta-cluster build-up.

Table 5: SWOT analysis

STRENGTHS	WEAKNESSES
• Coverage of some complementary segments of broad Health industry; • Multidisciplinary nature of the group (a weakness at the same time); • Dedicated cluster managers present in the group; • Geographic proximity of the involved entities (in fact V4 countries).	• Lack of funds; • Mismatch of interests, priorities and expectations; • Multidisciplinary nature of the group (a strength at the same time); • Limited involvement of Health clusters in the project; • Lack of mutual knowledge and sufficient engagement among the group; • None specific task assignment, no “in-charge” appointed so far; • Weak channels for information sharing.
OPPORTUNITIES	THREATS
• Funding opportunities both for clusters and SMEs; • Experience and information exchange; • RTD expertise and infrastructure sharing; • New business opportunities; • More effective response to new challenges; • Increased leverage at EU-level; • Diversity of the group in terms of experience and development level of the clusters (threat at the same time); • Transnational projects development in RTD; • Common database of demands and offers (new projects, international cooperation, networking).	• Economic crisis; • Very general specification of common goals and actions; • Lack of time to work in the framework of the CUSTERS-CORD project • Diversity of the group in terms of experience and development level of the clusters (opportunity at the same time); • Taking the work in a meta-cluster as additional burden to the current work load not as an opportunity; • Taking the ambiguous features as a constraint instead of opportunity. • Making the meta-cluster an empty label without practical content and tangible results; • Difficulties to create a common vision of development due to different medical/treatment procedures in different countries.

Source: Own

3.6. Strategic options

Generally, the SWOT analysis reveals critical factors whose assessment brings a better understanding of the strategic choices available. The SWOT analysis helps to pose and answer following questions of how we can:

- Make the most of the identified strengths;
- Evade our weaknesses;
- Capitalize present opportunities;
- Manage the threats.

There are four alternatives shown in the matrix below based on which we can come to strategic conclusions regarding how to handle the key SWOT elements and how to make the most and best of them.

Table 6: Strategic options following the SWOT analysis

Strategic options	Opportunities (O)	Threats (T)
Strengths (S)	SO: Maxi-maxi strategy Use strengths to maximize the opportunities.	ST: Maxi-mini strategy Use strengths to minimize threats.
Weaknesses (W)	WO: Mini-maxi strategy Minimize weaknesses by taking advantage of opportunities.	WT: Mini-mini strategy Minimize weaknesses and avoid threats.

Source: http://www.mindtools.com/pages/article/newSTR_89.htm

In the thematic scan related to the meta-cluster build-up in the health sector, there were several elements of ambiguous nature identified and it was highlighted that these equivocal elements must be understood and handled in a positive way; otherwise, the meta-cluster establishment would be questionable. It follows that appropriate strategy to adopt must embody the requirement to take the identified ambiguous features as opportunities instead of limitations.

Thus, for the meta-cluster build-up in the health sector, the appropriate strategy combines mainly the SO and WO options – the opportunities must be maximized and taken advantage of in order to make the meta-cluster a viable entity – not only an empty label – which will in turn diminish the weaknesses identified in the initial phase of clusters cooperation. The key is to focus on the opportunities in the direction which would reinforce the strengths of the group and which would mitigate the internal weaknesses at the same time.

Moreover, a step-by-step approach will be needed when applying the SO and WO strategic options for overcoming the present weaknesses as it is a long-term task to build trust and sense of common identity necessary for achieving some of the items listed among the opportunities (e.g. leverage at the EU level or expertise sharing).

What the meta-cluster needs at the very initial stage of operation independent on the CLUSTERS-CORD project is a common short-term goal with following characteristics – feasible for all involved clusters, low-cost option, bringing visible and tangible results, showing the value added of the meta-cluster for its members and providing encouraging impetus for further work. Based on that, the strategy can be further elaborated taking into account the previous experience with goals accomplishment, which is at the current point of time missing.



4. Organizational structure of Health meta-cluster

4.1. Legal form of the meta-cluster

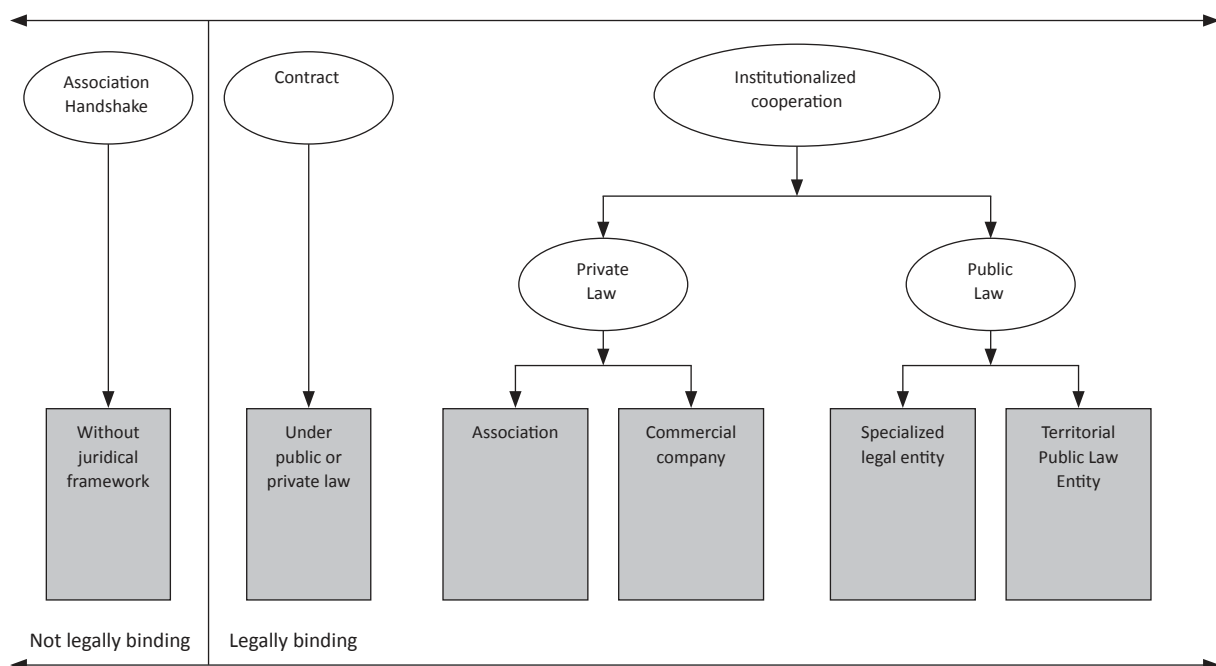
For the time being, the clusters agreed not to take on any binding legal form. The legal form will be decided later on when it is obvious which kind of legal entity would serve the mission and interests of the meta-cluster the best and when deeper trust is built and the concept of cooperation under the umbrella of a meta-cluster is proven.

The rationale for not setting the legal form at this point of time lies also in the fact that the Health meta-cluster is in crucial need of involving more members as so far, only three clusters have been involved. The rather loose form of the meta-cluster will make it more flexible for enlargement and also potentially more attractive for future members who would have the opportunity to take part in the decision making process considering the legal form.

For the moment, the meta-cluster is established as a voluntary network of clusters.

Later on, the members will select a specific option of the legal form while the possibilities include e.g. EEIG, Association of legal bodies or Federation established under private or public law.

Picture 5: Potential forms of clusters cooperation – informal vs. formal



Source: <http://www.municipal-cooperation.org>

4.2. Partnership principles

Meta-cluster as of the establishment will comprise three members, clusters coming from the health care related sectors across the Central Europe regions. The partnership in the meta-cluster will be based on the principles of equality, complementarity, result-oriented approach, responsibility and transparency.

Equality

Equality refers to mutual respect between members of the partnership irrespective of their size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments.

Complementarity

The complementarity lies at the very heart of transnational collaboration. This holds true for the Health meta-cluster with its multidisciplinary nature and multinational membership. The diversity of meta-cluster members must be handled as an asset in order to effectively use the present comparative advantages and complement each other's contributions to common actions.

Result-oriented approach

Effective operation of the meta-cluster must be action-oriented. Therefore, a result-oriented coordination based on effective capabilities and relevant operational capacities is needed. The meta-cluster members will commit their capabilities and operational capacities to the actions further specified in the present strategic plan and to actions agreed upon in later stages of meta-cluster operation.

Responsibility

Responsibility is indicated as one of the shared values of the Health meta-cluster. The involved members must make sure they commit to activities only when they have the means, competencies, skills, and capacity to deliver their commitments.

Transparency

Transparency is to be achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among the meta-cluster members.

Source: Own based on globalhumanitarianplatform.org

4.3. Organizational structure

The Health meta-cluster will consist of 4 members, who will be an equal member of the meta-cluster. All of them will have an equal vote and decision making rights. So far, the meta-cluster establishment has been coordinated by the facilitator from within the CLUSTERS-CORD project partnership.

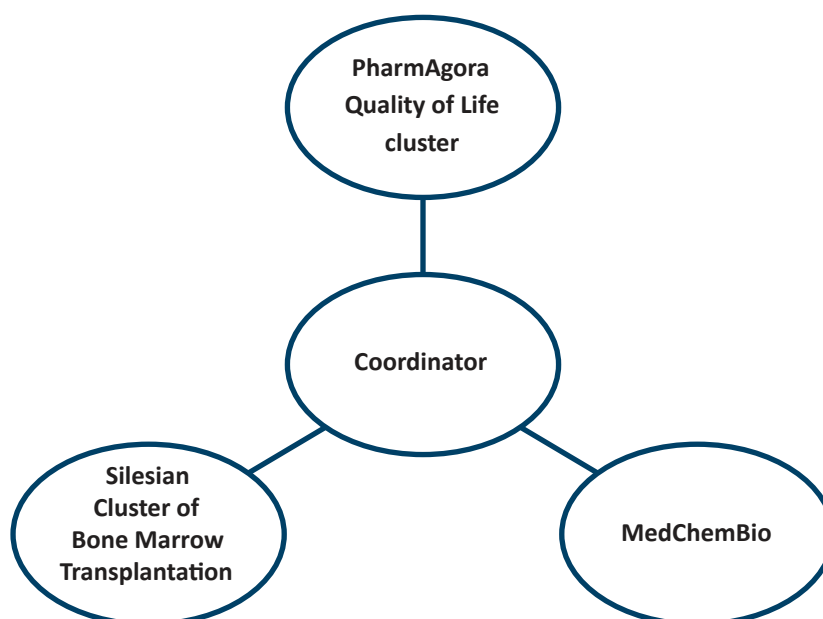
After the facilitation process is over, the coordinator/facilitator will step out of the meta-cluster and another subject will need to take over the coordination and operation of the meta-cluster. The cluster managers agree that the meta-cluster shouldn't become only a communication platform or worse,

empty label. In order to be effective, a person from within the involved clusters human sources will be appointed to lead and coordinate the activities of the meta-cluster.

The clusters will decide about the leading subject based/person on common consent of all participating clusters who will replace the facilitator/coordinator.

At the starting point of the meta-cluster operation, the organizational structure will be rather centralized in order to enable effective task allocation, coordination and supervision. The role of the coordinator will be crucial as he/she will have to keep the integrity of the meta-cluster. After the meta-cluster grows bigger, the organizational structure will be re-considered to suit the new conditions.

Picture 6: Basic organization structure of the Health meta-cluster



Source: Own

The work of the coordinator will be overseen by a Board gathering duly authorized representatives from within each involved cluster. The Board of representatives will be responsible for:

- Decision making on common services and standards
- Approval of new members' admission
- Strategic plan and its updates approval
- Action plan and its updates approval
- Financial plan and its updates approval

Each cluster involved in the meta-cluster shall appoint a person responsible for representing the given cluster in the meta-cluster. This person will assume the communication on behalf of the cluster and will be the primary contact point for the meta-cluster coordinator.

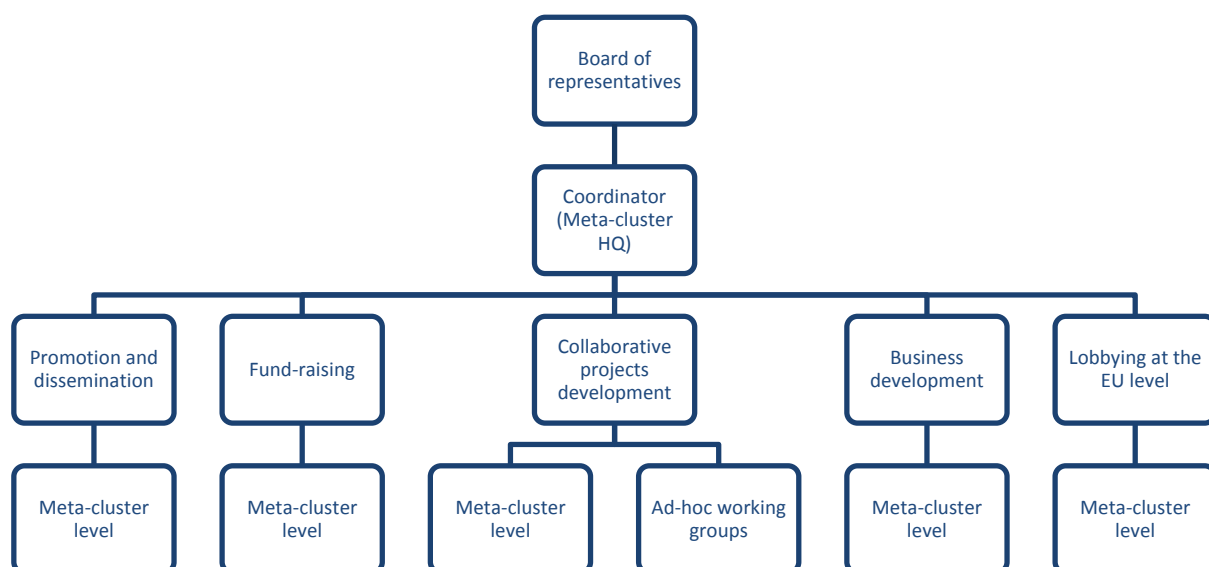
It is possible but not obligatory to merge the position of the member of the Board of representatives and the contact person into one, shall the respective cluster leadership decide upon such an arrangement.

Common activities under the label of the meta-cluster shall be conducted based on the consent. Common services and standards shall be provided/settled based on the consent of all involved clusters in any case.

As it is not obligatory for the meta-cluster members to participate in every single activity there will be ad-hoc sub-groups coming into being based on the interest of single clusters to participate. These ad-hoc working sub-groups shall be coordinated by a responsible person selected by involved clusters. The appointment of the sub-group responsible person must be communicated to the meta-cluster coordinator. Upon agreement, the meta-cluster coordinator can take on the sub-group leadership. The occurrence of these sub-groups is expected namely in the field of collaborative projects development, yet, may emerge also in the other areas of meta-cluster's activities.

Since the key areas of cooperation have been already identified and agreed upon, it is possible to extend the basic centralized structure into more elaborated one which mirrors the specific tasks and/or common services management which will be assigned to respective meta-cluster members upon their agreement and in accordance with their capacities and competencies.

Picture 7: Extended organizational structure of the Health meta-cluster



Source: Own

4.4. Facilitator's profile

The Health meta-cluster establishment was originally facilitated by Mr Andrej Klapica on behalf of the Slovak project partner Regional Development Agency of Piestany TTSK. However, due to later developments in the aforementioned partner institution, the facilitation has been taken over by the Hungarian partner Mid-Pannon Regional Development Company represented by Mr Tamás Kovács who took efforts to take the Working Group health to a successful end embodied in the meta-cluster establishment.

Mr Tamás Kovacs has been working in the field of regional development since 2000. Before entering this area, he worked as in IT expert during the 90s as an application developer. As graduated IT engineer, supervisor and MBA manager with extensive practice from the regional development, he is well experienced in the fields of regional planning & programming, project generation and networking.

He is a member of the Hungarian Chamber of Engineers, one of the lecturers at regional colleges and universities and the proprietor of several professional honourable mentions.

Currently, Mr Kovacs is a senior consultant and project manager responsible for international networking, the operation of the regional project pipeline conception and the innovation-oriented network-based economy development.

In the framework of the CLUSTERS-CORD project, he was responsible for the delivery of research and analysis of Central European clusters, effective cooperation of the project partnership with regional authorities and for elaboration of final policy recommendations for further cluster development. With his co-workers he has been involved in the meta-cluster development in the sector of tourism and in November 2012 took over the Working group health where he set the progress into motion after some period of stagnation brought about by specific circumstances of the Slovak partner.

During the facilitation process of the Health meta-cluster, Mr Kovacs was in touch with the cluster managers and contributed to the elaboration of the Thematic Scan preceding present strategic plan.

Picture 8: Meta-cluster facilitator Mr Tamás Kovacs



Source: Own

4.5. Meta-cluster management

4.5.1. Management team

Meta cluster's management team follows the organizational structure outlined above and comprises the Coordinator, Board of representatives and contact persons.

Table 8: Meta-cluster management team

Cluster	Coordinator	Strategic level (Board of representatives)	Operative level (contact person)
PharmAgora Quality of Life Cluster	<i>Tamás Kovacs</i>	Aniko Cserny	Aniko Cserny
MedChemBio		Martin Fusek / Jan Zabsky	Arnost Rybar
Silesian Cluster of Bone Marrow Transplantation		Stanisław Ginda/Jan Sienkiewicz	Elżbieta Szczërba/Tomasz Świszcz

Source: Own

4.5.2. Management procedures and tools

The management of the meta-cluster will draw on proven procedures and techniques. The management will largely depend on virtual means of communication in order to minimize the costs and time demandingness of the necessary operations. Low-cost options will be crucial in the initial stage of operation in the post-CLUSTERS-CORD phase since there will not be any common financial resources available for personal meetings.

Therefore, following tools will be put in place in order to a) assure effective meta-cluster management and coordination and fluent information flow and b) minimize the costs related to those tasks:

- Teleconferencing (using Skype or TeamSpeak)
- Common document storage (e.g. google docs, google+, CIRCA)
- Common e-mail address



5. Overview of establishing meta-cluster members

Official English translation of name	Region	Country	Website	Year of foundation	N° of cluster members	Legal status	Legal representative	Contact person
MedChemBio	Olomouc region	Czech Republic	www.medchembio.cz	2009	26	Combined public and private initiative; Association of legal entities	Prof. Martin Fusek	Arnost Rybar arnost.rybar@seznam.cz
PharmAgora Quality of Life Cluster	Mid-Pannon	Hungary	pharmagoraklaszter.eu	2007/2009	24	Private profit-oriented organisation	György Grosz	Aniko Cserny aniko.cserny@pharmagora.hu
Silesian Cluster of Bone Marrow Transplantation	Upper Silesia	Poland	http://nowa.arrsa.pl/klastry	2011	20	Combined public and private initiative	Stanisław Ginda/ Jan Sienkiewicz	Jan Sienkiewicz jsienkiewicz@arrsa.pl Elżbieta Szczerba szczerba@arrsa.pl Tomasz Świszcz tswiszcz@arrsa.pl

5.1. MedChemBio

About the cluster

The MedChemBio cluster is an organization with the goal of supporting the future development of Medicinal Chemistry and Chemical Biology. Cluster MedChemBio became a key player in cooperation between academic institutes, small and medium-sized companies (as well as large firms), suppliers, investors, professional and manufacturing enterprises in development, testing and production of medicaments. Thereby it encourages development of medicinal and biological chemistry in the Czech Republic. Cluster now associates leading academic institutions (Palacky University Olomouc, Institute of Organic Chemistry and Biochemistry in Prague, Institute of Chemical Technology Prague), major professional societies (Czech Chemical, Czech Society for Biochemistry and Molecular Biology) and a number of primarily small and medium-sized companies engaged in the fields of medicinal and biological chemistry. Cluster is also open to the accession of other members, including large pharmaceutical concerns.

MedChemBio helps start-up companies in the field with the successful development of their projects. Within the cluster workplaces are being prepared for testing the efficiency and safety of newly discovered substances, but also biomarkers and diagnostics. Thanks to the concentration of both the equipment and human potential, it is possible to carry on more research than in isolated laboratories.

The main area of activities

The main tasks are: the creation of a platform for an information exchange, the promotion of Medicinal Chemistry and Chemical Biology in society, the development of specific projects which are on the cusp between science and industry, the development of small and medium enterprises in the fields of innovative therapeutic and diagnostic approaches, and also communication between local and European communities in these fields.

The main objectives can be summarized as follows:

- consultancy for Czech scientific workplaces in the field of technology transfer
- the creation of spin-off companies
- assess of intellectual property
- organization of substances testing
- transfer between laboratories and pilot plants
- certification and legislation
- investment in is the area of biologically active substances
- development of the region
- contacts with foreign commercial partners

The main areas of interest

Medicinal Chemistry and Chemical Biology

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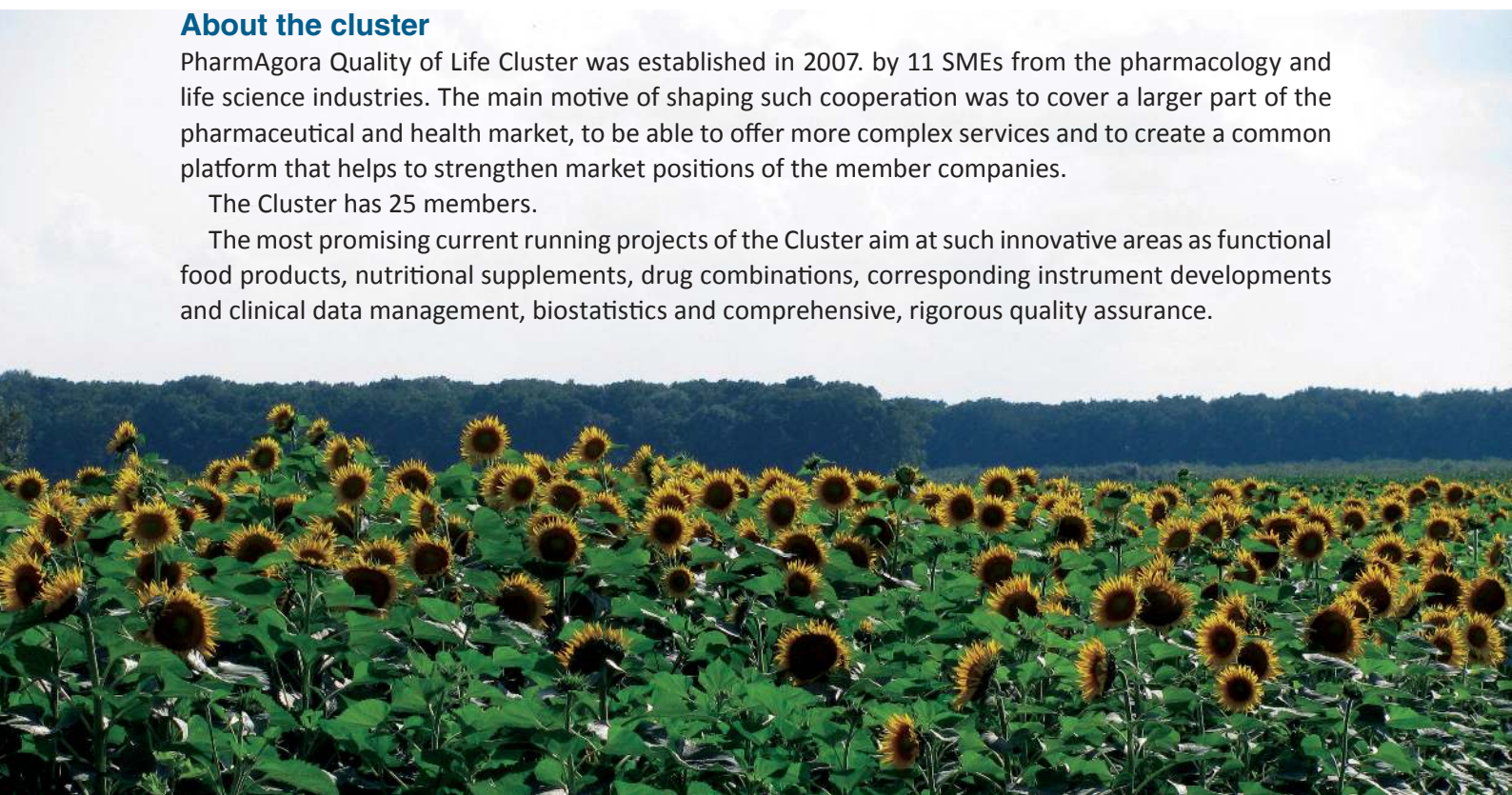
5.2. PharmAgora Quality of Life cluster

About the cluster

PharmAgora Quality of Life Cluster was established in 2007. by 11 SMEs from the pharmacology and life science industries. The main motive of shaping such cooperation was to cover a larger part of the pharmaceutical and health market, to be able to offer more complex services and to create a common platform that helps to strengthen market positions of the member companies.

The Cluster has 25 members.

The most promising current running projects of the Cluster aim at such innovative areas as functional food products, nutritional supplements, drug combinations, corresponding instrument developments and clinical data management, biostatistics and comprehensive, rigorous quality assurance.



The main area of activities

Research and Development	Production	Services
• Functional foods • Dietary supplements • Pharmaceuticals (generic) • Pre-clinical methodology • Pre-clinical equipment • Medical diagnostic methods (devices) • Hardware/software, data, structure	• Food • Pharmaceuticals • Diagnostics • Recording systems for pre-clinical studies • Cardiovascular • Gastroenterology • Nervous system, behaviour • Electrophysiology • Cell biology • Medical diagnostic devices	• Food technology: R&D related technical troubleshooting services • Food safety and quality management • Food chain management • Knowledge management • Organising pre-clinical pharmacological and efficacy trials • Organising and monitoring clinical trials • Data-management and biostatistics • Quality assurance beyond the food sector • Independent audit (GCP, GLP) • Hardware/software validation

The main areas of interest

- laboratory equipment
- human diagnostic devices (gastroenterology, cardiology)
- Clinical trials and related data-management and biostatistics
- innovative generic pharmaceuticals
- common R&D projects

Contact information

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e-mail: info@pharmagora.hu

5.3. Silesian Cluster of Bone Marrow Transplantation

About the cluster

The Silesian Cluster of Bone Marrow Transplantation was established in June 2011 as an initiative of the Polish units from hematology healthcare sector. Cluster operates in Silesian Voivodeship area, which is characterized by one of the highest medical potential in Poland.

The main objective of Silesian Cluster of Bone Marrow Transplantation is intensive support the bone marrow activities among Polish patients, by improving and modernizing the treatment of patients with life-threatening hematological disorders and using modern technologies in the procedures of hematopoietic cell transplantation.

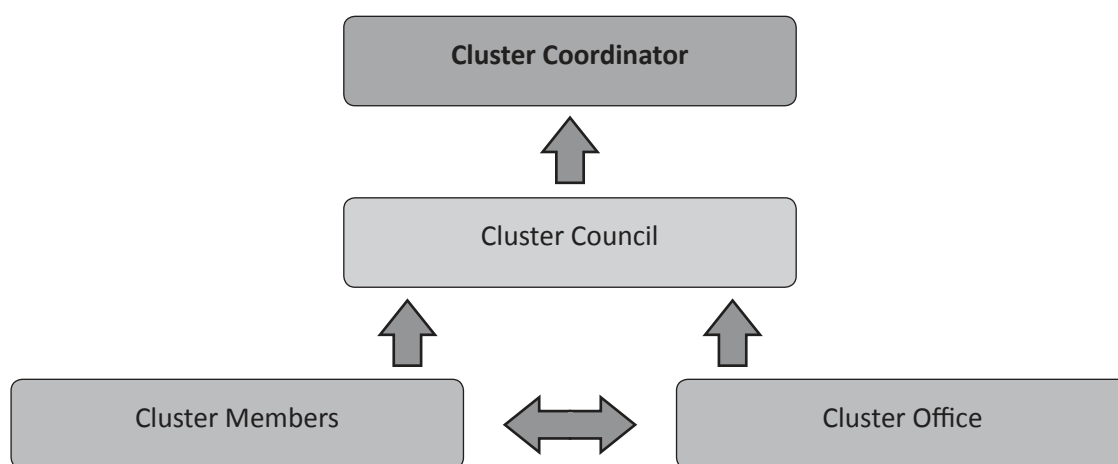
Silesian Cluster of Bone Marrow Transplantation consists on cooperation agreement signed in frame of connection between units operating in the diagnosis and treatment of hematological diseases in Poland. Nowadays the Cluster associate 20 members from Poland, representatives from : SMEs (8),

Universities (1), Hospitals & Public health care establishment (9), business support institutions (2), association of several institutions and great specialists in hematology and transplantation sector.

Currently Cluster is in an organizational phase and any administrative expenditures are covered by symbolic annual membership fee in the amount of PLN 100.00 (€25). Basis for future Cluster activities is to obtain public funds, including subsidies and the European funds.

Cluster pays great attention to the patient's needs that's why Cluster Development Strategy includes investment activity called "Home Hospital". This activity is directed to patients after transplantation treatment as an integrated support system for living outside the hospital along with the monitoring system, allowing for constant contact with the medical center of transplantation.

Cluster Structure (refer to the picture beside)



Cluster Office: organizational and administrative support, deal with promotion, etc.;

Cluster Council: common platform of the decision making, 3 to 6 Representatives from all Cluster members, regulates the principles of cooperation in Cluster between members. Council proposes the *Cluster development ways, programs and strategy, approve the schedule of Cluster tasks and spending plans, admission of new members/exclusion of membership*;

Cluster Coordinator: management unit, responsible for the launch/closing of common projects, supervision over the proper execution of the tasks accepted for implementation, in particular by ensuring the allocation of received financial funds, preparation and submission of applications for Cluster development assistance, activities for obtaining financing from domestic and foreign sources, acceptance of common action plans and annual reports.

The main area of activities

Clusters core activities are directed on modernisation of treatment methods concerning patients with haematological disorders via using modern technologies in hematopoietic cell transplantation process. Other activities include:

- Improve of Health Care System
- Promoting the idea of the Cluster, as a place for institution-building, skills development and implementation of projects in the field of bone marrow transplantation
- Creation the network of cooperation in the field of bone marrow transplantation,

- Creation and development of common national/international bone marrow donors data base
- Connecting potential of individuals, companies, universities, research institutes, business institutions also local and regional authorities
- Cooperation with similar organizations (exchange of experience, know how, best practices)
- Participation and cooperation in common projects co-financed from EU

The main areas of interest

One of the Cluster main interests is establishing a network of cooperation in the field of bone marrow transplantation. Such network will allow to connect and develop resources and competences in the transplantation area and effective combination and utilization of capacity and knowledge.

Cooperation Network with similar organizations opportunities:

- Creation of the contact network in transplantation sector
 - Increase the number of successfully performed transplantations
 - Acquisition of new doctors and specialists in hematology and transplantation
 - Increase the diagnostic capability of patients with hematological diseases
 - Increasing awareness regarding the importance of the lack of bone marrow donors
- Creation of national & international bone marrow donors data-base
- Improvement the quality and the efficiency of medical education
- Promoting the idea, advantages of the bone marrow transplantation Cluster

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6. Common services and standards

In order to assure the desirable level of quality of the services provided by the meta-cluster, common quality services and standards must be developed and agreed upon. A set of specific common services could be already agreed upon in the facilitation phase of the meta-cluster development, further ones will follow in later stages of the meta-cluster operation.

6.1. Common quality and service standards

Generally speaking, common quality and service standards define the level which is expected to be reached in relation to the service delivery to its end-users. Service standards outline specific delivery targets defined by the services provider and comprise set of commitments which have to be followed when delivering the service. At the same time the standards serve as guidance for the end-users on what they shall expect to get from the service. Furthermore, the service standards hold the provider accountable for the level of the services provided and ensure consistency of the services in relation to the users.

The process of services standards definitions comprises several steps:

- Clear mission statement and key objectives settlement so that the services standards have a clear point of reference;
- Consultation with end-users to understand their priorities and expectations;
- Take up of pre-existing best practices which are relevant and transferable to the meta-cluster;
- Training of meta-cluster personnel to assure that the services standards are met or even exceeded;
- Assurance that the developed services standards are in line with the shared values and underlying principles of the meta-cluster organization;
- Definition of indicators enabling the evaluation of how the standards are met.

The standards themselves are based on several principles:

- Clear definition of the purposes and objectives of the service and transparent manner of delivery of the service;
- Effective resources management;
- Flexibility, innovation and continuous quality improvement;
- Continuous identification of specific service users' needs and respective accommodation of the standards.

Common quality and service standards are for the moment not defined in detail. Hence, this issue will be discussed again after some time of operation of the meta-cluster when the members will learn more

about each other and will have precise knowledge about what they can provide to and expect from the meta-cluster. Again, it is crucial to take into account that the current membership shall be considerably extended and given the limited membership at the point of time of the meta-cluster establishment, strict services standards could hinder further meta-cluster enlargement.

For the time being, several standards of the meta-cluster's services can be outlined – they largely copy the expressed shared values – while the scope for their specification/redefinition remains purposely open:

- End user focus – attentive approach to clusters and cluster members' needs;
- Timely and appropriate respond to the users' needs;
- Commitment and proactive approach;
- Delivery of high level of expertise;
- Responsibility and accountability;
- Professionalism.



6.2. Common services

For the initial phase of meta-cluster operation, following common services were have been agreed as the starting point:

Promotion and dissemination

- PR and marketing activities
- promotion of clusters as well as their members on international scale
- common branding
- promotion of the industrial image

Fund-raising

- identification of funding opportunities from regional, national and international sources
- identification of funding opportunities from private sources
- application for funding
- finance management related to public funds administration

Collaborative projects development

- generating project ideas
- relevant calls identification
- coordination of the application process and submission of project proposals
- assurance of administrative eligibility of project proposals
- advisory in project development

Business development

- identification and development of business opportunities in the health sector for the cluster members
- promotion of cluster members' internationalization

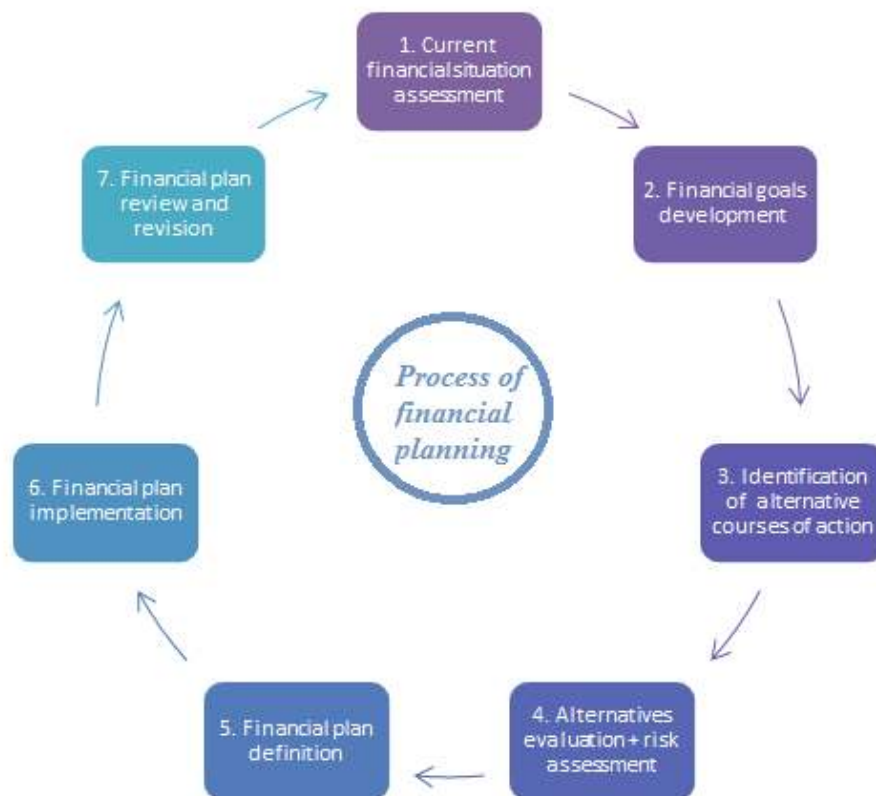
EU-level lobbying

- following of current EU legislation related to health care and health sciences
- formulation and promulgation of joint opinions and interests

7. Financial plan

7.1. Financial planning process

Picture 9: Financial planning process



Source: Own based on mybusinessprocess.net

7.2. Current state of art

Given the meta-cluster is at the very initial stage of operation, so far only human resources have been committed to its operation, yet, no financial resources have been allocated by the involved clusters. Therefore, the financial plan will be definitely subject to further discussion of meta-cluster establishing members and cannot be specified in detail in the present strategic plan.

7.2.1. Financial goals and assumptions

As noted before, the development of specific financial plan will be subject to further discussion and agreement of the involved clusters, however, some important belongings of the financial plan can be already defined in order to provide at least a basic guidance at this point of time.

The key assumptions and goals are summarized as follows:

- within the first six months of operation the costs incurred by clusters should be restricted to staff costs of personnel involved in the meta-cluster operation,
- before the financial plan is specified in detail, low costs approach shall be thoroughly applied,
- the meta-cluster shall become self-financing after two years of operation,
- value for money principle applied whenever an action is to be taken at the meta-cluster level,
- deficit financing shall be avoided,
- overheads shall be kept as low as possible.

7.2.2. Potential financial resources

It was agreed that both public and private resources will be explored and raised for the operation of the meta-cluster. If there is consent among the meta-cluster members – meaning the establishing clusters and their members – a membership fees can be decided upon to cover the initial meta-cluster activities.

The potential sources of financing the meta-cluster operation and activities have been basically summarized as follows:

- public funding from regional or national sources,
- EU funds, e.g. CIP (COSME), Framework Programme, EUREKA'S Eurostars Programme,
- private resources,
- internal membership fees.

7.2.3. Risk assessment

Given the current economic situation of the EU, it must be taken into account that the clusters find themselves in uneasy position, which may turn into the matter of very further existence to some of them. Therefore, the clusters are very cautious with financial commitments and planning of their resources allocation.

When developing the financial plan for meta-cluster operation, following external and internal conditions must be taken into consideration and it must be counted on their impact on the financial terms of clusters cooperation:

- economic crisis,
- establishment of the meta-cluster at the borderline between two programming periods of the European Union – partially diminished opportunity to apply for EU-funds in the first months of operation,
- decreased cluster members activity questioning the *raison d'être* of the involved clusters.

8. Action plan

Action	Timeframe	Responsible
Mapping of clusters in CENTRAL EUROPE regions	January 2011 – September 2011	CLUSTERS-CORD project team
Creation of the working groups	June 2011 – December 2011	CLUSTERS-CORD project team
Appointment of facilitators	December 2011	CLUSTERS-CORD project team
Facilitation process	January 2012 – February 2013	Facilitator
Thematic Scan	January 2012 – December 2012	Facilitator
Strategic Plan	February 2012 – January 2013	Facilitator
Signature of cooperation agreement (during the final conference of CLUSTERS-CORD)	November 2012 – February 2013	Facilitator + cluster managers
Training of cluster managers on management of meta-clusters	January – February 2013	CLUSTERS-CORD project team
Definition of the management structure	February 2013	Cluster managers led by facilitator
Meta-cluster establishment	February 2013	Cluster managers led by facilitator
Definition of the financing model	March 2013	Cluster managers led by meta-cluster coordinator
Joint collaboration project ideas development	June 2013	Cluster managers led by meta-cluster coordinator
Meta-cluster enlargement	June 2013	Cluster managers
Training of cluster managers on common services standards and quality	June 2013	Meta-cluster coordinator
Definition of further services to be provided	Depending on the enlargement, latest by December 2013	Cluster managers led by meta-cluster coordinator
Specification/redefinition of common services standards	Depending on the enlargement, latest by December 2013	Cluster managers led by meta-cluster coordinator
Joint application for EU funds under Framework Programme	December 2013	Clusters managers led by meta-cluster coordinator
Promotion at international events	Continuous, at least 6 joint promotional actions till December 2013	Cluster managers led by meta-cluster coordinator

9. Conclusions

The present strategic plan is a result of the efforts taken within the CLUSTERS-CORD project dedicated to establishment of lasting cooperation among Central European clusters in the sector of health care and affiliated disciplines.

The health sector belongs to priorities in the context of EU policies and its importance will even grow bigger in the future with regard to the current demographic developments across the EU territory. Moreover, as a significant part of national economies affecting economic growth, employment and public health, the health sector is an economic area with clear implications for the competitiveness of the EU in the future decades. The sector is in constant need of innovation for which an effective collaboration between multiple players is required.

Clusters are considered an indispensable part of the innovation milieu and their mutual cooperation has been continuously promoted at the EU-level in order to fully unlock the potential they have for competitiveness increase and related economic growth.

In the framework of the CLUSTERS-CORD project, so far three clusters from the health sector have decided to join forces in the Health meta-cluster to create a basis for internationalization of their members, to foster international collaboration projects dedicated to innovative solutions and to explore and put forward new business opportunities in the market.

The involved clusters defined the framework of their cooperation in the present strategic plan, which will be subject to regular updates. The plan comprises principal assumptions and goals, however, specific terms of the clusters' collaboration are still to be determined in more detail by the extended membership of the meta-cluster after the foreseen enlargement has taken place.

The strategic plan lays down the basis for a Cooperation agreement signature officially establishing the Health meta-cluster as a sustainable platform for clusters collaboration in Central Europe. With the Cooperation agreement signed, the CLUSTERS-CORD project's task will be largely over and the meta-cluster will be taken over to the hands of involved clusters whose primary tasks will be to get more clusters interested and involved, to start up the practical operation of the meta-cluster, to define financial terms of the meta-cluster work and most importantly, to start developing and implementing common actions for the benefit of their members.

The European economy finds itself in an uneasy situation and the principle economic actors – including clusters and meta-clusters – must intensify their cooperation in order to spawn innovation at a level which would shift the EU economic development to safer waters.

It remains the underlying belief of the CLUSTERS-CORD project that the meta-clusters will act as an effective driver of the innovation, competitiveness and economic development in Central Europe in desirable direction.



Clusters & Cooperation for Regional Development in Central Europe (2CE202P1)

This project is funded by the European Union
and co-funded by the Hungarian Government
in the framework of the Central Europe Programme

Deliverable		Strategic Plan for meta-cluster development in the field of tourism industry in Clusters-Cord Regions	
Work Package		4. Clusters co-operation and creation of meta-clusters	
Activity		4.1.2 Strategic Plans	
WP Responsible partner		PP8 Milano Metropoli Development Agency	
Version	Final	Date	28/01/2013
Type		Strategic Plan	
Responsible partner		PP5 Mid-Pannon Regional Development Company	

Source of photos: ICG EX ANTE, SXC.HU