

## 1. BACKGROUND AND CONTEXT OF THE REQUEST FOR SERVICE

### 1.1 General context

The mission of the Directorate General for Structural Reform Support (DG REFORM) of the European Commission is to provide support for the preparation and implementation of growth-enhancing administrative and structural reforms by mobilising EU funds and technical expertise. Latvia has requested support from the European Commission under Regulation (EU) 2021/240 of the European Parliament and of the Council of 10 February 2021 establishing a Technical Support Instrument ("TSI Regulation"). The request has been analysed by the Commission in accordance with the criteria and principles referred to in Article 9(5) of the TSI Regulation, following which the European Commission has agreed to provide technical support to Latvia in the area of health workforce policy.

The health crisis due to the COVID-19 pandemic has made apparent the **need for more health professionals and for them to be better qualified**. Although highlighted by the crisis, the lack of competent human resources in the health sector was already recognised as a problem in the past years. A range of European semester's country specific recommendations pointed at this problem and invited Latvia to provide additional human resources in the health system.<sup>1</sup>

**In Latvia there are not enough doctors; the situation for nurses is even worse.** The number of practising doctors in Latvia is slightly below the EU average, at 3.2 doctors per 1 000 population (3.8 in EU countries). The number of nurses per 1 000 population is nearly half the EU average (4.4 vs 8.2) and has been decreasing since 2010; the nurse-to-doctor ratio is the second lowest among EU countries (1.3 nurses per physician in 2018). The ageing of the population, the increasing prevalence of chronic diseases, and the continuous innovations coming to the sector will likely lead to further increase of demand for healthcare and therefore to a larger shortage of health professionals.

**Primary care providers need to keep pace with the evolution of the demand for healthcare.** Although the shortage of qualified workforce regards all health professions, specific remarks can be done about general practitioners (GPs), who are currently the main providers of primary care. They are mostly dealing with excessive workloads (on average, each GP is in charge of over 1500 patients), thus jeopardising their capacity to provide effective and safe healthcare. Almost 30% of the roughly 1 265 practicing GPs are close or already beyond the retirement age. The role of GPs and other primary care providers needs to be expanded, to improve quality of care, promote teamwork, deliver prevention programmes, and enhance patient empowerment and patient education in health promotion.

**Health workforce registries do not track the evolution of skills and competences of health professionals along their career.** The Health Inspectorate hosts registries of health professionals. The existing registries record basic data for each professional (e.g. personal data, qualification, position, contracting period, etc.), but miss information on workload, updated skills and competencies, refreshment training undertaken by health professionals etc.<sup>2</sup> In general, the collection of information in registers is manual, thus imposing an administrative burden on the involved stakeholders.

**There is need of lifelong training, with strong involvement of teaching facilities.** To ensure upgrades and refreshment to health professionals along their career, there is a need for more and better offer of

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<sup>1</sup> See for instance COM(2020) 514 final, of 20 May 2020

<sup>2</sup> For an overview of the information available in the health workforce register (in Latvian), see Chapter 2: <https://likumi.lv/ta/id/282367-arstniecibas-personu-un-arstniecibas-atbalsta-personu-registra-izveides-papildinasanas-un-uztusesanas-kartiba>

continuing education and training and lifelong learning pathways. Teaching facilities include university, university hospitals, regional hospitals and professional organisations;<sup>3</sup> they need to be strongly involved and provide infrastructure and equipment for simulation of real-life clinical situations and patient encounters (including for instance virtual reality settings, robotics, etc.) In its proposal for a national recovery and resilience plan, Latvia foresees investments in simulation materials and infrastructures and in related governance mechanisms (e.g. ICT solutions).

**There is no comprehensive and strategic solution to coordinate, monitor and harmonise lifelong training for health professionals.** Latvia has a mandatory continuous professional development (CPD) framework, complemented by voluntary CPD; both the mandatory and voluntary CPD frameworks address all categories of health professionals (physicians, dentists, pharmacists, nurses, midwives, etc.)<sup>4</sup> In the Ministry of Health, a division composed of four officials is in charge of CPD and lifelong learning for health care professionals. Their main activity is procurement of training from a range of providers: universities, teaching hospitals and external companies. There is no effective system in place to ensure a minimum level of quality in the different training courses. Currently there is no comprehensive and strategic solution to coordinate, monitor and harmonise the medical education sector to respond to the overall changes in the organisation of the health care system considering the epidemiological situation.

**Health workforce planning is done on a year-by-year basis, whilst longer-term plans are needed.** Latvia plans the annual quota of university students for health professions, on the basis of demographic trends of the health workforce and population, geographical workforce distribution, supply of hospital care, as well as of previous years' university intake. Every year, the Ministry of Health prescribes the state-covered residency places for physicians by specialities. In 2017, Latvia carried out its last mapping of the health workforce and last mid-term forecast of the needs of health professionals (specifically, by 2025); these findings were presented in the conceptual report "on health care system reform".<sup>5</sup>

**Latvia needs a comprehensive health workforce strategy, based on a robust information system and a sound governance model.** For an effective planning of lifelong learning, the Ministry would need up-to-date individual information on the evolution of skills and expertise of health professionals along their career. It would also need to define an effective governance model that enables the translation of this information into a training strategy, policies and action plans. Furthermore, this information will also be needed to allow feed a solid workforce-planning model to prepare in due time health professionals that will have the right skills and competence to tackle future challenges.

To this purpose, DG REFORM is launching a Request for Service under the Multiple Framework Contract for the Support to Structural Reforms in EU Member States, for the provision of a proposal for a health workforce strategy for Latvia that includes models for lifelong learning and for health workforce planning.

In the near future, Latvia plans to use European structural and investment funds to finance the preparation and the delivery of training for health professionals, as well as the modernisation of the register of medical practitioners. Latvia also plans investments in the national recovery and resilience

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<sup>3</sup> The three health professional organisations recognised in the country are the Latvian medical association (also covering dentists), the Latvian nurses association, and the Latvian association of professional organisations of medical persons, which covers all remaining categories of recognised health professionals.

<sup>4</sup> For more information on the Latvian health CPD project, see <https://talakizglitiba.lv/programmas/arstniecibas-personu-kvalifikacijas-uzlabosana>

<sup>5</sup> Report and annexes are available (in Latvian) at the following link: <https://www.vm.gov.lv/lv/cilvekesursi>

plan to set-up and equip centres for training and simulation, and to upgrade the register of medical practitioners. The outcomes of this service contract will feed into the implementation of these activities.

## 1.2 Objectives

The general objective of this service contract is to contribute to institutional, administrative and growth-sustaining structural reforms in Latvia, in line with Article 3 of the TSI Regulation.

The specific objective of this service contract is to assist national authorities in improving their capacity to design, develop and implement reforms, in line with Article 4 of the TSI Regulation.

The achievement of the objectives are not solely the responsibility of the contractor and will depend partly but not only on Latvia's action.

## 1.3 Impact and Outcomes

Latvia, having been closely involved in implementation of the contract and consulted by the contracting authority on all draft deliverables, is expected to adopt the deliverables through its internal mechanisms and implements the recommendations contained in the final deliverables.

Provided that such recommendations will be incorporated as part of Latvia's institutional and operational framework, the deliverables are expected to result in the following:

**Outcome:** The Latvian authorities have adopted a comprehensive health workforce strategy, which includes models for lifelong learning and for health workforce planning

Although subject to other contributing factors, the tasks and deliverables of the contract and the associated outcomes should – over the longer-term – contribute towards the following:

**Impact:** Latvian authorities are able to keep the health workforce at pace with the evolving need and the innovative ways of healthcare delivery

Achieving the outcomes and contributing to a longer-term impact of this contract depends largely on the degree of adoption and implementation of the deliverables by Latvia and subsequent enforcement, as well as on wider policy conditions, which remain outside the responsibility of the European Commission and the contractor. Such adoption and implementation remains the exclusive responsibility of Latvia.

## 1.4 Beneficiary institutions and other stakeholders

The beneficiary institution of this specific contract will be the Ministry of Health of Latvia. The contract will also benefit:

- The Health Inspectorate,
- The National Health Service,
- The Ministry of Education and Science,
- Universities and colleges that provide medical education,
- Teaching hospitals,
- Regional hospitals with facilities for continuing education,
- Latvian Medical Association,
- Latvian Nurses Association,
- Latvian Association of Professional Organisations of Medical Persons.

## 1.5 Resources to be made available by Latvia

Latvia will provide all necessary equipment, own experts and any documents, data and information necessary for the implementation of the contract. Latvia will also provide full support in terms of technical equipment to the contractor, including making rooms available for meetings in their premises, internet access, teleconference facilities and the organisation of the meetings with other stakeholders.

## 1.6 Language

Day-to-day communication with the steering committee and the operational working group shall take place in English. Meetings and presentations with stakeholders will take place in Latvian; the contractor will provide interpretation to and from English needed. The contractor will provide the deliverables described under section 2 in Latvian and English if needed; each deliverable will include an executive summary in English. The contractor will deliver progress reports and the final report in English.

# 2. DESCRIPTION OF THE REQUEST FOR SERVICE

## 2.1 Deliverables and Tasks

In order to achieve the **outcome (the Latvian authorities have adopted a comprehensive health workforce strategy, which includes models for lifelong learning and for health workforce planning)**, the contractor shall produce the following deliverables by implementing the tasks listed below. In carrying out its tasks, the contractor shall regularly consult stakeholders at all level and involve them in participatory processes in the production of the deliverables.

### **Deliverable 1: Inception report**

The Inception phase aims at ensuring that the contractor has a clear understanding of the scope of the project, identifies the project's stakeholders and their perspectives, engages them to participate in the project and starts building a dialogue platform to implement the results of the project at a later stage. This phase should also enable the beneficiary authority to introduce the project to stakeholders and start building a common understanding of the goals to achieve and of the activities to carry out.

**Tasks 1.1: Kick-off meeting.** The contractor will carry out a kick-off meeting within 6 weeks from the signature of the contract. The main purpose of the kick-off meeting will be to agree on the project methodology, discuss possible data and information needs, define the list of relevant stakeholders, and propose methods for the contractor to approach them.

At this meeting, the Latvian authorities will also present the official composition of the steering committee (SC) and the operational working group (OWG) and will agree with the contractor on the working arrangements: frequency and preparation of meetings, ways of communication. The will also be discussed during the meeting.

**Task 0.2: Draft the project inception report.** The contractor will produce an inception report in English to take stock of the situation and confirm or adjust the methodology and approach accordingly. The project inception report will include, at least:

- an updated work plan and timetable with milestones, as discussed and agreed with the Latvian authorities;

- an updated detailed description of all deliverables and methodological approaches, as discussed and agreed with the Latvian authorities;
- an updated description of the projects governance, including main roles and responsibilities of the parties involved;
- an updated map of stakeholders;
- a list of relevant information collected during the kick-off meeting;
- an updated account of possible project risks and mitigation measures;
- the minutes of the kick-off meeting.

### **Deliverable 2: Analysis of health workforce and training system**

The analysis of the health workforce and training system aims to provide the Latvian authorities with an updated picture of the situation. The analysis will present detailed information on the number of health professionals working in different disciplines, in the public and in the private sector, at all levels of care. The contractor will also analyse the system of delivering training, including its governance and the actual training channels (undergraduate, postgraduate, continuous professional development). The analysis will also present lessons and recommendations from international good practices.

**Tasks 2.1: Mapping of health workforce.** This part of the analysis is to collect detailed information on the number of health professionals working in different disciplines, in the public and in the private sector, at all levels of care. The contractor will take into account the figures presented in the 2017 conceptual report "on health care system reform" and update them in accordance with the current situation. The contractor will also assess quality and pertinence of the 2017 analysis, identify weakness and areas that needs deeper investigation and highlight data needs and data gaps. Based on this assessment, the contractor may propose additional variables to be taken into consideration in the mapping (e.g. task-shifting skill-mix, service reconfiguration, exchange patterns within hospital cooperation agreements, etc.) The mapping shall include detailed information on the workload borne by health professionals and on continuous training undergone, highlighting the criticalities in the assessed levels of qualification and in the readiness to deal with technological and organisational innovation. In carrying out this task, the contractor is encouraged to consult existing registries and administrative data from different sectors of the public administration, interview key informants, identify and engage stakeholders and carry out the measures it considers more relevant to gather the most comprehensive elements of information.

**Tasks 2.2: Assessment of the current system of education of health professionals.** This part of the analysis is to gather information on the health training system and present it in a structured way. The contractor will analyse and assess the training that is currently offered to all health professional categories, across all training levels: undergraduate, postgraduate and continuous professional development. The contractor will analyse the learning pathways for each health profession and highlight criticalities<sup>6</sup> and areas of potential improvement. The contractor will also assess the organisation and the governance of the health training system: the legal and institutional bases, the key stakeholders and organisations involved, their obligations, goals, responsibilities and instruments. The contractor will specifically assess the functioning of the services in charge of coordinating continuous professional development in the Ministry of Health: working procedures, workload, and procurement arrangements.

**Tasks 2.3: International exchange of good practice.** This task is meant to expose the Latvian authorities to international good practices that may be at least partially replicated in Latvia. The contractor will review good practices in other countries in the following topics (which may be refined and detailed during the inception phase of this contract, based on the requests from the Latvian authorities):

- Designing and implementing the database of the health workforce;

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<sup>6</sup> Criticalities, within the scope of this contract, can be of a very different nature. As non-exhaustive examples they may regard for instance the content of the training (e.g. if not providing the relevant skills and competences to cope with expected professional challenges), the way it is organised, the inconsistency in training of different categories, etc.

- Planning and implementing lifelong training for health professionals;
- Health workforce planning.

The good practices identified in the review shall have elements of replicability or shall be pertinent to the Latvian situation. After carrying out the review, the contractor will identify relevant experts for each selected good practice case and involve them in discussions with corresponding Latvian stakeholders and authorities. The objective of these discussions shall be to identify practical advice and recommendations for the development of a health workforce strategy, the improvement of the health training system, and the enhancement of health workforce planning.

⇒ In their offer, tenderers may present how they plan to organise the discussions between identified experts and Latvian stakeholders and authorities.

### **Deliverable 3: Terms of reference for a database for up-to-date information on health professionals**

The terms of reference will provide all the relevant information for the Ministry of Health to design and build a database where to store data on health professionals that will be used for health workforce planning and for implementing the health training strategy. The database will be based on existing registers, but will also contain additional information (e.g. on workload, on continuous professional development, etc.) that is relevant for sound planning. The database shall also allow easy and timely updates, relieving the administration from the burden of manual data recording. The Latvian authorities will concretely set up the database outside the scope of this contract.

**Tasks 3.1: Defining scenarios of future health needs.** The health needs scenarios will be the bases for the policy dialogues (see task 3.2), which will in turn aim to identify effective healthcare delivery policies. The contractor will consider the current health status of the Latvian population, its expected demographic and epidemiological evolution, and draw scenarios on the expected demand for healthcare in the next 10, 20 and 30 years. In this exercise, the contractor will also factor in the impact of unexpected events, such as the ongoing COVID-19 pandemic, preparing additional scenarios to foresee their impact. The contractor will consult stakeholders to gather informed views on expected changes in the evolution of the demand for healthcare (e.g. by considering innovative ways of healthcare delivery, the introduction of ICT solutions, etc.)

**Tasks 3.2: Policy dialogues on new scenarios for healthcare delivery.** Based on the identified scenarios, the contractor will carry out policy dialogues with Latvian stakeholders and policy makers, to facilitate the identification of effective policies in healthcare delivery. Policy dialogues shall refine and fine-tune the identified scenarios, and identify the best policy responses to face them. Responses shall be realistic and fit for the Latvian situation. Each identified response shall include, to the extent it is possible, an analysis of expected innovation in the delivery of healthcare services (e.g. introduction of new technologies, new skill-mixes, deeper integration between levels of care), estimates of the required investments and a step-by-step implementation pathway.

⇒ In their offer, tenderers may present the methodology they intend to apply to organise the policy dialogues and ensure the broadest participation and representativeness of stakeholders.

**Tasks 3.2: Draft technical specifications for a database of health professionals.** Based on the identified policy responses, the contractor shall draft the technical specifications for a database of health professionals that will support health workforce planning and the implementation of the health training strategy. The contractor will identify the information that is needed to plan and organise the policy responses to the identified scenarios, and will present a proposal to include it in the database. The contractor will consider the data that are already present in the registers host by the health inspectorate, and will highlight missing information. The contractor will indicate where the needed information can be retrieved (e.g. in information systems under the responsibility of other sectors of the public administration), and will provide practical recommendations to transfer it automatically in the database. The contractor shall present detailed technical specifications, which will allow the Latvian authorities to set-up and run the new upgraded database. The actual set-up of the database will remain under the responsibility of the Latvian authorities and will not fall within the scope of this contract.

⇒ In their offer, tenderers may present the methodology they intend to apply to draft the technical specifications and to ensure the highest timeliness in the automated acquisition of data.

#### **Deliverable 4: Action plan on health workforce training and skills development**

The action plan will contain operational recommendations to implement a sustainable model for the training of health professionals and to strengthen coordinating functions of health workforce training in the Ministry of health. The training model shall cover systematically all different educational levels for each category of health professionals, with a particular focus on continuous professional development. The coordinating centre shall build on the existing structures in the Ministry of Health and broaden their scope to put in place a strong coordination strategic role.

**Tasks 4.1: Design of a sustainable model for the training of health professionals.** The contractor will design a model to encompass all the supply of training for health professionals, with a particular focus on continuous professional development. The model will be based on the scenarios and related policy responses identified during the preparation of Deliverable 3, and will provide for the most suited educational pathways to prepare the health workforce to best cope with them. The model will provide concrete and operational recommendations to ensure complementarity and synergies across educational pathways for different health professionals. In the model, the contractor will present detailed instructions to improve the provision of lifelong training and continuous professional development. These instructions will address the content and the form of training, the required equipment and facilities (including e.g. simulation material, virtual reality setting, robotics, etc.), and cooperation mechanisms between educational institutions, clinical university hospitals, regional hospitals and other medical institutions.

**Tasks 4.2: Definition of a strong coordination mechanism for health workforce training.** The contractor will provide concrete recommendations to enhance the coordination among the organisations and services involved in planning and providing health workforce training. The purpose of this task is not to propose the creation of a new structure, but rather to identify mechanisms of coordination among the existing stakeholders in order to increase synergies and increase efficiency and effectiveness in training delivery. Based on the assessment carried out in task 2.2, the contractor shall bring forward proposals to define mission, vision and scope of the coordinating mechanism. It will also propose an organisational model, a governance structure, and clear lines of responsibility and accountability. The proposal will identify the stakeholders and interlocutors of the coordinating centre and highlight the most effective channels of communication to activate among them. The contractor will also define improved guidelines for the procurement of training services, detailing the different phases of the procurement cycle, and roles and responsibilities of stakeholders in each of them. Finally, the contractor shall propose quality standards for training and a system for monitoring and evaluating them.

**Tasks 4.3: Proposal of an action plan on health workforce training.** The contractor will deliver and action plan to facilitate the adoption of the new model of health professional training and the implementation of the associated coordination mechanism. The action plan shall contain detailed and concrete steps that the authorities shall carry on, their precise sequence, the involved stakeholders with their roles and responsibilities, and the resources needed. The action plan shall also include an analysis of the risks linked to its implementation and related mitigation measures; it shall contain a framework to monitor and evaluate its implementation. Furthermore, the action plan shall provide guidelines to orient the investments needed to develop and run the training model and the coordination mechanism. In preparing the action plan, the contractor shall actively involve all relevant stakeholders and take the necessary measures to ensure their ownership of the process.

#### **Deliverable 5: Health workforce planning model**

The health workforce planning model will provide estimates and projections on the health workforce need. It will be a key tool in supporting the Ministry of Health in its efforts of workforce planning. The outputs of the model will be submitted to a stakeholder consultation; once the Ministry of Health and the steering committee will approve the model, the contractor will build capacity in the Latvian

administration to ensure its sustainable follow-up after the end of the contract. In all tasks related to the production of a health workforce planning model, the contractor is expected to seek constant feedback from the Latvian authorities and keep them deeply involved at any phase.

**Tasks 5.1: Development of a model for health workforce planning.** The contractor shall deliver a model to project future needs of health workforce, which the Ministry of Health can use for planning purposes. The model shall provide estimates, based on projected population health care needs and envisaged organisation of healthcare delivery, on:

- The need for healthcare professionals, by specialty and geographic area / place of practice;
- The need for professional development of health professionals,
- Expected gaps in workforce supply.

The model shall be able to factor in expected technological development (e.g. artificial intelligence, precision medicine, telemedicine, etc.) and organisational innovation (e.g. multidisciplinary teamwork, evolution of skill-mix, integration of care, hospital collaboration models, etc.) The model shall be fed by data available in the database designed in task 3.2 or in other sources easily available with interoperable protocols and automatic linkage processes. The model shall be user-friendly and allow for change in its parameters, to be adapted to the demographic and epidemiological evolution and to expected changes in the organisation of healthcare delivery.

**Tasks 5.2: Stakeholder consultation on health workforce projections.** This round of consultation has the double aim to test the soundness of the model with a range of stakeholders, and to initiate a policy dialogue on the implications of the projections. The contractor shall produce health workforce projections, taking into account the scenarios developed under task 3.1 and 3.2, and feeding the model with the data collected under task 2.1 and those available in the existing workforce registry. The contractor shall deliver at least three different health workforce projections for different time horizons (short, medium and long-term; the precise time horizons will be defined during the inception phase). The outputs shall include a gap analysis versus a no-change scenario and shall reflect sensitivity analyses based on key assumptions and uncertainties (including their quantitative and qualitative assessment). The contractor shall organise a thorough stakeholder consultation on the results of the projections, to test the assumptions of the model and the robustness of its findings. The contractor will consider carefully the inputs collected during the consultation and embed them in the model when deemed opportune, in agreement with the steering committee and the Ministry of Health.

**Tasks 5.3: Finalisation of the model and capacity building.** The contractor will deliver the final version of the model to the Ministry of Health and build the capacity of local experts to ensure they can run it sustainably after the end of the project. Once the model is agreed by the steering committee and the Ministry of Health (task 5.2), the contractor will finalise it and deliver its electronic version to the contractual authority. The electronic version shall be accessible and easy to operate, and will be accompanied by the programming codes and by a manual of instructions. The contractor shall organise training for the users of the model, as identified by the Ministry of Health, and make sure that they are able to run the model routinely, as well as to modify it to take into account changes in the demographic, technical and political spheres. Finally, the contractor shall organise an event to present the model and the other deliverables of the contract to the steering committee and the relevant stakeholders that the steering committee will identify in due time.

### **Deliverable 6: Final project report**

**Task 6.1: Draft the final project report:** The contractor will draft the final project report. The report – in English – shall include at least:

- key results and main lessons for each deliverable;
- main conclusions of the project and good practice that can be replicated;
- lessons learned from the project implementation, including success factors, problems encountered, strategies to overcome them;



- a concise roadmap for future actions by the Latvian authorities to follow-up on the results of the project. The roadmap shall possibly include qualitative or quantitative indicators to monitor the implementation of policy measures;
- a short (max 5 pages) executive summary written in clear language to be addressed to non-experts, including international policy-makers and the general public.

## 2.2 Submission and approval of deliverables

The contractor shall submit the deliverables described in section 2.1 to the contracting authority within the agreed deadlines. The contracting authority may share the deliverables with Latvian authorities for their comments.

The contracting authority will comment on the deliverables submitted within 30 days of the date of their reception. If the contracting authority has not reacted within this period, the deliverables shall be deemed to have been approved.

In case clarifications or corrections are required, the contractor should respond within 10 working days, addressing the input of the contracting authority.

## 2.3 Work plan

The maximum duration of the execution of the tasks and submission of all deliverables is 20 months. The reference date for the contract is the date of signature by both parties (T0).

<b>Deliverables</b>	<b>Timetable</b>
Deliverable 1: Inception report	<i>T0 + 2 months</i>
Deliverable 2: Analysis of health workforce and training system	<i>T0 + 6 months</i>
Deliverable 3: Terms of reference for a database for up-to-date information on health professionals	<i>T0 + 8 months</i>
Deliverable 4: Action plan on health workforce training and skills development	<i>T0 + 12 months</i>
Deliverable 5: Health workforce planning model	<i>T0 + 16 months</i>
Deliverable 6: Final project report	<i>T0 + 18 months</i>

## 2.4 Place of work

Any physical meeting, presentation and/or conference with the national authorities will take place in Latvia.

## 2.5 Reporting & management of specific contract

The contractor shall provide a progress report every three months starting from the date of signature of the contract. This report should describe clearly the progress status of each deliverable described under Art. 1.2.3. of the work plan above.

A steering committee (SC) and an operational working group (OWG) will be established for the contract. The steering committee will be comprised of representatives of Latvian authorities, DG REFORM, and

the contractor. The steering committee will meet at least quarterly in order to oversee all planned activities, ensuring effective coordination and engagement.

The operational working group will be comprised by representatives of Latvian authorities and the contractor and will be in charge of the day-by-day project management.