

	DATE	28 th of June 2018	
	TIME	14:00 – 18:00	
“INTERREG V-A COOPERATION PROGRAMME: GREECE – BULGARIA 2014-2020”	PLACE		
		Regional Health Inspectorate premises, Obstinski Square, Haskovo, Bulgaria	
Minutes “THE HEALTHY MUNICIPALITY ” Project 1st transnational meeting			
Project: “Policies for Enhancing Access to Health Services in Deprived Areas”			
“THE HEALTHY MUNICIPALITY ”			
The Programme is co-funded by the European Union (ERDF) and National Funds of Greece and Bulgaria			
AGENDA			
14:00- 14:30	Registration of the participants in the transnational meeting		
14:30- 16:00	All partners and expert representatives on: <ul style="list-style-type: none">• Review of the project activities and aims of the implementation process. Project status and timetable update.		
16:00- 16:30	Coffee- break		
16:30-18:00	Continuation of the above: <ul style="list-style-type: none">• Deliverables 3.1, 3.2, 3.3. Sequence and dependence of activities- STPP. Specs for deliverables and procurements. Upcoming events. Second progress and financial reporting, etc.		
PARTICIPANTS:	ANRO – Regional Development Agency of Rodopi SA (LP – P1) <ul style="list-style-type: none">- Afentoulidou Kyriaki		

Aristotle University of Thessaloniki - Special Account for Research Funds - Department of Economics (P2)

- Stella Kostopoulou
- Antonis Targoutzidis

Municipality of Arriana (P3)

- Nikolitsa Gartsoni
- Eleni Fotiadou

Agency for Transnational Training and Development (P5)

- Sakis Karamoschos

Regional Health Inspectorate (PP6)

- Dr. Sonya Dimitrova
- Delcho Pehlivanov
- Teodora Hristozova

Association of Rhodope Municipalities (PP7)

- Zlatka Nikolova
- Sofka Asenova

Municipality of Krumovgrad (PP8)

- Ivaylo Mitkov
- Leyla Karaibryam

Municipality of Momchilgrad (PP9)

- Sevdalin Ognyanov

DISCUSSION

TRANSNATIONAL MEETING AGENDA

The hosting partner – Regional Health Inspectorate- Haskovo welcomed the participants in the meeting and the event began with a short, overall introduction of the project and its strategy, each partner's role and objectives. The first presentation included a review of the objectives and deliverables, the expected outputs and the overall action plan of the project.

Mr Karamoschos, Director of the *“Agency for Transnational Training and Development” - “TRANSCOOP S.A.”*, presented the time-schedule of all actions and deliverables of the project. The presentation started from the technical parts of all WPs and with timetable for all deliverables.

WPS FOR THE PROJECT

Mr Karamoschos presented all WPs, timetable and activities. Within each WP presentation, each partner was invited to present a short report on its project progress within the separate activities

and deliverables.

WP1 “Management & Coordination”, refers to the financial, technical & operational management, as well as reporting to JS, quality monitoring, evaluation and capitalisation of project results. All beneficiaries will participate in WP1. Management structures are foreseen for all partners who also participate to 6 meetings, an internet portal for effective internal management will be prepared by LP, as well as an ongoing external evaluation (by PB5) for the effective project implementation.

Within this work package, no deviation from the planned actions and outputs are observed. ‘Project Steering Committee’- PSC has been set up, which is the supreme decision-making body of the partnership and deals with the monitoring of the progress of works and with emerging difficulties. It is responsible for all decision- making during the project and is chaired by the LB.

WP2 “Communication & Dissemination”, includes the Information & Publicity activities. Communication Activities are foreseen in WP2 under the responsibility of PB7. Communication policy and project website will be prepared by PB1, PB5 & PB7 prepare the publicity material, 1 flyer and 1 brochure each, PB6 organizes the Kick off conference and PB2 organizes closing conference. PB1, PB3, PB4, PB8, PB9 Local information seminars in partner areas.

Within this work package, no deviation from the planned actions and outputs are observed.

WP3 “Stocktaking” - Identifying socioeconomic characteristics of the population, morbidity, coverage of the area on health services. **PB5 is responsible.**

- PB2 PB5 and PB6 will conduct desk analysis on population socioeconomic characteristics and operating health infra structure for each area (4 areas in total), under common specifications prepared by PB5.
- PB5 & PB6 will carry out researches on perceived morbidity, on the access to and the degree of needs’ coverage of health services in partner areas (in 4 areas) addressed to 1000 persons in each area, under a common methodology, for the sample and for the research, prepared by PB2.
- PB3 and PB4 will conduct medical and diagnostic exams to 500 persons each for identifying diagnosed morbidity under common methodology, for the sample and for the research, prepared by PB3.
- Synthesis Reports for each partner area and for the entire cross border area will be prepared by PB2, PB5. PB6.
- The designing digital maps on morbidity and health infra structure will be conducted by PB1 in collaboration with PB7 (for the data needed).

Within the presentation of this work package the preparation of the specs for 3.1 was referred by PB5. A delay of the start in the activities was reported by PP6 due to the Bulgarian legislation and the procurement procedures to follow. After a short delay in the preparation of the common methodology and its coordination with the partners, the technical specification and all relevant procurement documentation after its preparation must be approved by the Ministry of Health, which additionally hinders the timely start of the activity and selection of Contractor (external expertise) of the service.

It was decided, that at this stage the delay in the timetable can be overcome in the following one month, if a timely approval by the Ministry of Health of Bulgaria is received.

WP4 “Developing Tools - Early Warning System” - for the effective management of health information and the effective response of health services. **PB8 is responsible.**

- PB2 in collaboration with PB6 Setting up examination protocols in partner areas upon most frequent diseases,
- PB2, PB3, PB4, PB6, PB8, PB9 are contributing to the creation of a digital data base in each area with patient cards and digital alert system,
- PB1 & PB6 prepare Digital municipal health platform in each area,
- PB3, PB4, PB8, PB9 proceed to the supply of additional equipment for health centers,
- PB3, PB4, PB8, PB9 organize 1 seminar each for the networking of the local health structures and prepare digital networking.

Within this work package, no deviation from the planned actions and outputs are observed at this stage.

WP5 “Designing Local Prevention Policy and Pilot Testing”. **PB6 is responsible.**

- PB2, PB5, PB7 are designing local health policy plans under common methodology elaborated by PB2,
- PB1, PB5, PB6 contribute to setting up common cross border prevention plan for pilot testing,
- PB1, PB3, PB4, PB7, PB8, PB9 organize communication actions (1 per partner) for applying common plan in project areas (with reference to local specificities) targeting local population, health personnel, medical staff,
- PB1, PB3, PB4, PB8, PB9 implement pilot applications (clinical exams of 600 persons in each of the areas of PB3, PB4, PB8, PB9 and 4 sessions for preventive health issues, like counseling on healthy living: e.g. nutrition, diets, exercise etc., establishing public sport facilities – initiatives, offering light sport programs to the population, organizing programs for the local population coupling light exercise with other activities e.g. sightseeing, environmental awareness etc. in each of the areas of PB1, PB3, PB4, PB8, PB9).

Within this work package, no deviation from the planned actions and outputs are observed at this stage.

WP6 “Evaluation and Mainstreaming” - the evaluating of the results and the mainstreaming of the project. **PB2 is responsible.**

- PB2 & PB7 contribute to Evaluating the results of pilot application at local level,
- PB1, PB2, PB7 prepare a synthesis report on problems and good practices of pilot application in the entire cross border area,
- PB3, PB4, PB5, PB7, PB8, PB9 are proceeding to the adapting of local plans to the results of the pilot applications (action plan, expenditure analysis, sources of financing, time table), all PBs prepare the setting up cross border lab on prevention and primary health policies.

Within this work package, no deviation from the planned actions and outputs are observed at this stage.

In reference to project changes, it was concluded that none of the PPs needs amendments in project content change, budget reallocation between PPs, Budget reallocation WP or Budget Lines, Project duration prolongation, administrative changes, etc.

The first session finished as scheduled and after a short coffee- break, the meeting continued by a presentation of the sequence and dependence of activities.

- 3.1. Desk analysis on population socioeconomic characteristics and operating health infrastructure for each area
 - Common methodology designed by the PP5 and desk analyses already prepared by PP2 and PP5. Technical staff appointed by PP6 for the desk analysis and needs urgently to start the procurement procedure for selection of external expertise for the study for the population socioeconomic characteristics and operating health infrastructure.
- 3.2. Research (questionnaire): Access to and degree of needs' coverage of health services in partners' areas
 - Methodology must be designed by PB2, and PP6 needs urgently to start the procedure for selection of Contractor for the action. A draft has been prepared by PP5.
- 3.3. Sampling on identifying local morbidity in project areas (medical exams for selected sample)
 - Specs according to:
 - First results of 3.1
 - Approximation method
- 4.1. Setting up examination protocols in partner areas upon most frequent diseases
 - The most frequent diseases derive:
 - From the first results of 3.1
 - They should be known to the Municipalities – local health services
 - They will explicitly derive from 3.1
 - The protocols should be available by the state health services. It should be advisable to use the same protocols, so as to secure compliance.
- 4.2. Digital data base in each area with patient cards and digital alert system
 - Patient cards: the Greek Health Ministry should have prepared patient cards.
 - The digital data base must be coordinated by the Ministry of Health and State E-Government Agency.
 - The Data Base should encompass the data of the patient cards. To prepare before the application of 3.3, so as to include the data of the 500 people to examine under 3.3
- 4.3. Digital municipal health platform in each area
Dependence with 4.2 but independent from other activities

The meeting continued with a review of the Procurement Plan (Start – Up Plan) - (STPP) is a plan indicating the actions each PB shall implement during the 1st six months of the Project implementation. Although dates are not obligatory, it's recommended for all PBs to stick on the Plan. According to the provisions on concluding public procurements, the implementation of a project with contract splitting and the award of partial contracts in order to avoid conducting a unique tendering procedure of the total budget, is not legal. Thus, each PB shall launch unique tender regarding actions with similar content (consulting, digital tools etc). Most of the Bulgarian partners informed that due to the national legislation, the procurement procedures take more time, however most of the contracts have been already concluded. PP6 meets more difficulties due to the need to coordinate all their procurement documentation and technical specification with the Ministry of Health, which additionally cause deviations in the STPP.

Special attention was given to the Specs for deliverables and procurements.

A smart notice was made on the reporting system and the deadline for the submission of second

progress report- 20th of July, 2018.

Furthermore the SC wishes to raise the need for an effective project management and hence asks the LB to review its role and duties and to properly respond to them by engaging soonest the possible [staff] and [external expert] in its activities as foreseen within the Project Main documents. The SC reserves the right to come back to this subject on a next meeting and to eventually make decisions on it.

As a final conclusion it was decided to schedule the next transnational meeting for the beginning of August, due to the need of control, monitoring and coordination of actions and avoiding serious deviations in the time -plan of the project actions.

DECISIONS

LB's responsibilities

- ✓ Responsible for the overall coordination, management and implementation of the project vis-à-vis the MA;
- ✓ To review its role and duties and to properly respond to them by engaging soonest the possible [staff] and [external expert] in its activities as foreseen within the Project Main documents.
- ✓ Is responsible for coordinating and submitting second progress report;
- ✓ Shall address requests for project modifications if needed in the future and in general shall be the contact point representing the partnership for any communication with the Joint Secretariat_JS/MA or any other of the Programme Structures
- ✓ Shall ensure the timetable and the proper implementation of the project activities

PBs' responsibilities

- ✓ Are the bodies responsible for carrying out specific activities indicated in the AF
- ✓ Also for Providing all information and data to the Lead Beneficiary required for the proper coordination and monitoring of the project implementation and Notify the LB of any factors that may adversely affect the implementation
- ✓ To assist the reporting and reimbursement procedures.
- ✓ Notifying the LB of any factors that may adversely affect implementation of the project in accordance with the work plan
- ✓ PP8 must organize the next transnational meeting in the beginning of August, 2018.

The PBs should:

- ✓ Recruit the Staff required for the project actions
- ✓ Prepare the specifications for the tenders to be launched
- ✓ Launch tenders in accordance with the Start - up Time Plan and Procurement Plan (STPP), in full relevance to national legislation.

Help sources for reporting

- ❖ Programme Manual "ETCP Greece – Bulgaria"
- ❖ Partnership Agreement, Subsidy Contract
- ❖ Each country's Internal rules on the eligibility of expenditures

http://www.greece-bulgaria.eu/com/17_Documents-for-project-implementation