

Healthy Municipality

Sequence and Dependence of Activities 27 June 27, 2018

- 3.2 **Research (questionnaire): Access to and degree of needs' coverage of health services in partners' areas**
 - Methodology to design by PB2, so as to accelerate the research
 - Time from 08 – 10/18

- 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 Bulgarian Ministry?
 - 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