

**“Capitalization Event of all 9a Priority projects funded by the Programme  
 Greece-Bulgaria 2014-2020”**  
 Thessaloniki, The Met Hotel 01/10/2020



*Organized under the auspices of the Greece-Bulgaria Managing Authority and Joint Secretariat, with the participation of the regional structures of both Countries Health Authorities*

*Hosted by: Papageorgiou General Hospital of Thessaloniki  
Organised by IDIMON Development Consultants*

MANAGING AUTHORITY OF EUROPEAN TERRITORIAL COOPERATION PROGRAMMES

MANAGING AUTHORITY OF THE EUROPEAN TERRITORIAL COOPERATION PROGRAMME "GREECE-BULGARIA 2014-2020"

JOINT SECRETARIAT OF THE COOPERATION PROGRAMME "GREECE - BULGARIA 2014 - 2020"

**Bulgarian Health Authorities**

Regional Health Inspectorate – Smolyan  
Regional Health Inspectorate – Blagoevgrad  
Regional Health Inspectorate - Haskovo  
Regional Health Inspection - Kardjali

**Greek Health Authorities**

4th Health District of Macedonia & Thrace  
3<sup>rd</sup> Health District of Macedonia

**35** Participants: **26** physical presences and **9** e-participants via ZOOM Platform

Facebook Live Streaming: **653** views

<https://www.facebook.com/531676777007027/videos/1503301326528956>

**Projects:**

eSOHECA  
E/HEALTH  
eHealth Monitoring  
Equal2health  
HS Care  
INTERSYC II  
Med4All  
MediciNet II  
RemoteCARE  
SMART\_MED  
SMiLe  
The Healthy Municipality  
Health Care Center

Organisation Statistics:

258 emails sent  
190 emails received  
34 phone calls  
42 Experts Invited  
38 Registered

Major Conclusions of the Event

- 13 projects with real outcomes, 1 awarded at EU level
- Regional Health Authorities are not aware of the 9a CBC projects and deliverables
- Excellent communication with MA and JS; Project Officers very helpful & supportive
- Extremely bureaucratic Management System, deficient MIS
- Nobody from MA/JS attended the 1<sup>st</sup> ever Capitalisation Event under ETCP organized by a project

FEEDBACK FORM

**How well organized was the event?**

14: Perfect / Excellent  
2: Very Good  
2: Good

**If you were running the event, what would you have done differently?**

2: a two-day event  
5: better management of the timing of the speakers  
7: nothing

**Did you get useful information from the presentations?**

12: of course / indeed / yes  
5: yes and new ideas  
1: NO ANSWER

**Any other comments?**

6: MA/JS representatives not present  
1: Suggest round table  
11: NO ANSWER

**Considered as Main Results**

20 Health Care Institutions upgraded their capacity

Six (6) established cooperations between CB health authorities

Seven (7) joint training programmes :

236 medical personnel and experts exchanged know-how and trained.

Improved access to primary health care services for isolated and poor communities

Less experienced professionals can exercise remote health monitoring under the supervision of more highly educated professionals

Immediate help in cases of missing children through the operation of 116000, the Amber Alert, and the ECAAS

**Considered as Main Outputs**

Purchased plethora of medical devices for emergency care units, surgeries and general equipment for secondary health care units

Purchased plethora of medical equipment for the primary health care sector

House for elderly people with mental problems is Rehabilitated

1 Joint Observatory significant diseases in CB area

1 Mobile Medical Intensive Care Unit  
7 Mobile Units

600 Wireless Medical Sensors  
4 Web app patients monitoring  
2 Mobile apps

1 Telemedicine platform  
1 Telemedicine installation connected to the National Telemedicine Network

19 health training sessions with participation of more than 600 experts

Some 12.500 patients visits and preventive examinations have been carried out

**Achieved Indicators (as presented)**

• CO36 Population covered by improved health services: **242.071**

• CO204 Number of health care institutions reorganized, modernized or reequipped: **20**

• CO205 Number of health ICT systems developed: **9**

**Declared Sustainability and Transferability**

All partners declared commitment in continuing the operation and the maintenance of the purchased equipment.

Groups and networks of volunteers and social workers are expected to contribute to the sustainability of the projects' outputs.

Experts trainings and networking activities established foundations for viable CB cooperation and know-how exchange

Psychological & social support to children and families affected by the Covid-19 crisis is connected with the European Helpline 116111.

One hospital added to the Greek National Network of telemedicine providers

Union of Municipalities of Greece secure the presentation of a telemedicine system to all Greek Municipalities

The quality and capacity of providing health care services in remote areas has been significantly ameliorated; telemedicine and mobile health services are cost-effective solutions suitable for the CB area

All policies, platforms and deliverables are free to be replicated and easy to be transferred in other areas



**MAJOR OBSTACLES AND PROBLEMS FACED**

- Health System legislative framework in both countries
- Capital control issues at the beginning of the project affected Greek beneficiaries;
- Long administrative procedures related to procurement, selection and contracting;
- A lot of time consuming processes on Public Procurement caused by changes of 4412/2016;
- The newly established public procurement electronic tender procedures for health authorities in Bulgaria is complex;
- The MIS is complicated. The management system is heavily time-consuming with a lot of different templates and reports that must be filled in multiple files;

**Significant Remarks about the PROJECTS:**

- Most beneficiaries cannot distinguish outputs vs results;
- The “achieved” numbers referring to the indicator CO36 do not seem to be measured with reliable methodologies;
- Telemedicine solutions with no connection to the national tele- network;
- Local policies and practices developed without the consent of the National Health Authorities;
- Exchange of practices and know-how is rather rare; projects are competing themselves instead of cooperating
- The sustainability and transferability of the outcomes is pretty ignored, especially for public sector’s beneficiaries
- The project management in most cases is inefficient

**Significant Remarks about the PROGRAMME:**

- Extremely low visibility of the activities and achievements to the local population
- Zero synergies between the projects; Not even the experts on the field know the projects;
- Especially for IP 9a, sharing of best practices is crucial not only for the Programme itself, but also for the health of the CB population
- A consent of The Health Authorities is necessary prior to the submission of a project as to its scope and necessity
- The restriction of 10% in WP1 leads to multiple problems
- The MIS is complicated and faces a lot of problems;
- Most of templates either in the submission phase or in the implementation phase are obsolete and time consuming; reports in multiple files multiple times

**Any intervention must be in line with the National/Regional Strategy; Prior Consent must be an on/off criterion**

Huge need for synergies and visibility of actions; should be compulsory for both the M.A. and the beneficiaries

financial framework  
2021-2027



RECOMMENDATIONS  
About the  
Programme

Health should remain  
priority in the next  
programming period

The deletion of  
expenditure limits for spending outside the  
programme area will promote more flexible  
cooperation arrangements.

One new reporting system should be  
established; templates for projects'  
submission and projects' implementation  
should be completely revised

Clearer, simpler rules on VAT eligibility

Emphasis on communication, networking  
and diffusion

The work packages for medical equipment  
should be in compliance with the priorities  
of the Health Authorities and REgioanl  
National Strategies. Prior to the submission,  
a relevant approval by a respective authority  
should be provisioned

Cash flow Bulgarian PBs: ERDF  
reimbursement procedure must change

Simplification of procedures on  
management & control of INTERREG  
projects including reduction of bureaucracy.

RECOMMENDATIONS  
About the  
Managing Authority

- Establish a firm relation between projects' funding and results achievement of each project funded;
- Transparency in the evaluation process in the submission phase; the scores are not published any more;
- Strict timetables for all projects duration;
- Tenders and Terms of References could be checked by the MA as in the Regional Operational Programmes;
- Retained (unspent) funds should be transferred from delayed projects to well-performing projects;
- Stress the importance of diffusion of both activities and deliverables
- MA/JS should take initiatives for real synergies among the projects
- The 10% budget restriction on WP1 leads to problems and complicates the implementation. A vast percentage of staff costs refer to management activities: terms of reference, tenders, monitoring the contractors, control of deliverables, every day management
- The application pack should include as a compulsory document the written consent by Regional Health Authorities