

SMiLe: Strengthening primary Medical care in IsoLated and deprived cross-border arEas

PRESENTATION OF THE PROJECT

Capitalization Event of all 9a Priority projects funded by
the Programme Interreg V-A Greece-Bulgaria 2014-2020
THE MET HOTEL, Thessaloniki 1st October 2020

The SMiLe project idea and partnership

The SMiLe project idea was based to the common vision of partners to provide in a permanent and sustainable basis, **upgraded primary and emergency health services** with the use of **modern medical equipment**, the provision of **qualified medical staff** and the **improvement of access**, **restoring the feeling of security** to citizens living in **isolated and remote areas...** in an effort to **bring the SMiLe and the hope for a better life** for them and their children **in the Greek-Bulgarian CB area.**



The main aim and the special objectives

upgrade the capacity of primary health care
structures and providers in the cross-border area

remove hindrances in providing health care, due to geographical, social and individual factors in the cross-border area

- **Maximise the effectiveness of the health and medical resources**, providing advanced services to a greater number of beneficiaries.
- **Minimise the need of patients' evacuation in cases of emergencies**, and chronic medical disorders, thanks to the improvement of the health services in the specific territories.
- **Reduce, in medium term, healthcare costs** thanks to the provision of direct and better PHC, reducing the morbidity of the population.

The target groups and the beneficiaries



General population
of the border areas



Persons with restricted mobility
(disabled, elderly, children etc.)



Medical practitioners



Local and regional stakeholders and interested parties active in the field
of primary health care and emergencies actions

Main deliverables

Work Package 3	Upgrading of isolated PHC and Hospital Units
Deliverable 3.1	Medical Equipment for specific PHC Units and Hospitals in CB area
Deliverable 3.2	IT Equipment for specific PHC units of the 4 th Health District Macedonia-Thrace
Deliverable 3.3	Technical intervention Works at Ardino Hospital

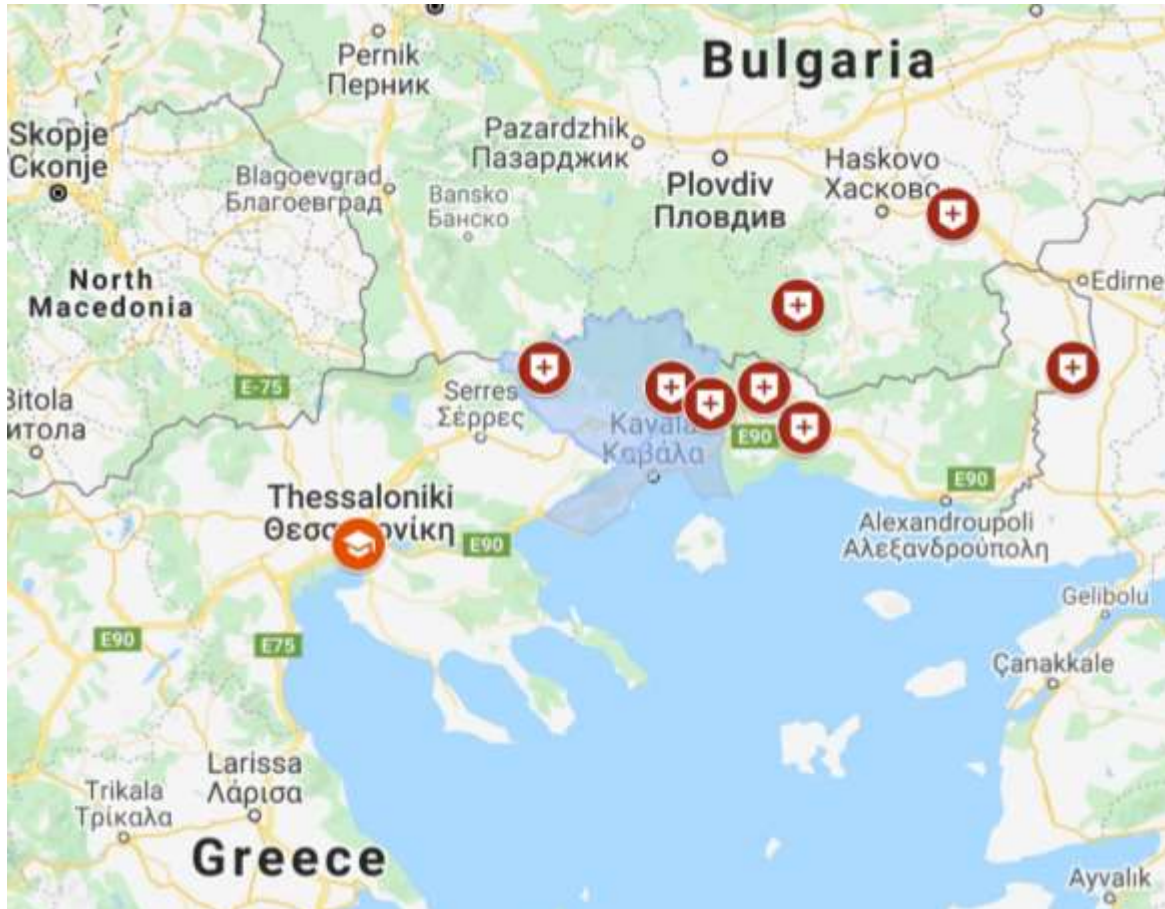
Work Package 4	Studies to improve PHC services in CB area
Deliverable 4.1	Constraints' analysis to access PHC
Deliverable 4.2	PHC infrastructure accessibility assessment
Deliverable 4.3	Pilot accessibility improvement studies

Main deliverables

Work Package 5	PHC practitioners' capacity building
Deliverable 5.1	Joint PHC Practitioners' Training Scheme
Deliverable 5.2	Training Center for PHP practitioners
Deliverable 5.3	PHC Practitioners' Training Programs
Deliverable 5.4	Toolbox for Equal Health Provision

Work Package 6	Citizens' oriented PHC Governance Plan
Deliverable 6.1	Network of organizations involved in PHC
Deliverable 6.2	Evaluation and impact assessment plan
Deliverable 6.3	IT Platform for PHC Services Evaluation
Deliverable 6.4	Pilot operation of the evaluation model

Mapping SMiLe interventions in CB area



New equipment

Evros: Didimoteicho, Soufli

Rhodopes: Iasmos

Xanthi: Stavroupoli, Echinós

Drama: Drama, Paranesti, Nevrokopi

Kardzhali: Ardino

Haskovo: Harmanli



Training Center, Thessaloniki

Main outputs and indicators achievement

- 1.the upgrading of 6 PHC units and 3 hospitals - all located in remote and disadvantaged CB areas (Paranesti, Nevrokopi, Echinios, Stavroupoli, Iasmos, Soufli, Didimoticho, Ardino and Harmanli),
- 2.the placement and operation of TETRA communication system for entire fleet of ambulances (including health centres) in the Regional Unit of Drama ,
- 3.the creation and operation of a modern Training Centre for Primary Healthcare Practitioners, that is located in the Department of Medicine of the Aristotle University of Thessaloniki and provides specialised training courses to primary healthcare practitioners of the cross-border area,
- 4.a set of studies focusing on the improvement of the accessibility in selected Healthcare Units in the cross-border area, including the preparation of a toolbox for Equal Health Provision and
- 5.the development and operation of an IT Platform for the evaluation of primary healthcare services

Output Indicators Target Values/ OVER-ACHIEVED	
Number of healthcare institutions reorganized, modernized or reequipped	1
Population covered by improved health services	63.200

Outputs' sustainability and transferability

SUSTAINABILITY

The medical and IT equipment is fully operational, is being used every day, while the competent health authorities are fully responsible for its good operation and its maintenance for a lifetime

The training center developed by the Aristotle University of Thessaloniki, is a reference point for the training activities in the Medical School

The platform for PHC services evaluation will remain in operation and the citizens will continue to be highly encouraged to express their opinion about the services provided in the PHC Centers of the CB area

TRANSFERABILITY

The toolbox for equal health provision can be used in any medical school of the cross-border area and beyond it in order to train doctors, nurses and other medical staff to examine and treat in a special way patients with disabilities

The platform for PHC services evaluation can be used by a greater number of PHC Centers in and out of the Programme area

Results and Impacts

Quantitative Analysis based on:

- BI Health data
- Questionnaire on Quality of Primary Health Care provision
- Qualitative assessment with health professionals

Quantitative Analysis

- Results expressed as number of x-rays conducted has been shown to be significantly improved.
- Impact expressed as change in visits of Primary/Secondary Health care not statistically significant.

Qualitative Assessment

- increased self-confidence of the medical staff of each structure
- new skills
- a higher level of trust on EU funding opportunities
- a remarkable engagement of local population in project activities

Obstacles and problems

- ➡ Important changes in terms of technical specifications and costs for the equipment, from the moment that the project proposal was submitted since the time that the relative tender is procured, since the length of this period was almost three years. For us, eventually, this happened in one member of our partnership, resulting to the revision of technical specifications and relevant budget analysis and the re-procurement of the relative tenders.
- ➡ Long administrative procedures related to procurement, selection and contracting (according to EU and national legislation), where in most of the cases a tender procedure may take from six to twelve months.

Recommendations towards the planning of the 2021-2027 Programming Period

1 For the next programming period and for all the project proposals including medical equipment for funding, when the proposed equipment is going to be placed to Primary Healthcare Centers (e.g. a Municipality asks for funding for equipment to be placed to the local Primary Healthcare Center), **a written consent from the competent Regional Health District should be provided during the proposal submission phase, so that to be ensured that the requested equipment is in accordance with the relevant needs.**

2 The Programme Planning and Implementation should **follow closer not only the EU and national health policies in force, but also all the recent updates for upcoming policies and laws**, in order the proposed actions and projects to be in line with them.

Next steps - Additional actions approved

- Project budget was increased for 434.495,90€ reaching the 1.762.157,55€.
- **90% of the additional budget is allocated to supply of medical equipment** for the two (2) major hospitals of the 4th Health District of Macedonia and Thrace at Thessaloniki (Ippokrateio and AHEPA), as well as the Hospitals of Kavala, Xanthi and Didimoteicho.
- The Hospital of Ardino also received funding for the supply of additional medical equipment.
- One high-tech simulator will be added to the equipment of the Medical Center.

A special action in favor of the whole Programme

Overall evaluation of the impact of the health projects/ actions of I.P.9.a. with the use of innovative counterfactual methods, based on the available quantitative data and collaboration of the above analysis with qualitative methods.

Preparation of a working document with lessons learnt and recommendations for the next programming period in regional and cross-border level.

Instead of conclusions...

