

Interreg
Greece-Bulgaria
MediciNet II
European Regional Development Fund



PROJECT: Promoting health on successful grounds:
Enhancing hospitals' cooperation on emergencies

ACRONYM: MediciNet II

WORK PACKAGE: WP5

DELIVERABLE: D.5.1.3 – Impact Assessment & Sustainability Plan

BENEFICIARY: General Hospital of Komotini “Sismanogleio”

WEBSITE: <http://www.medicinet.eu>

The Project is co-funded by the European Regional Development Fund (ERDF) and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme.



This deliverable has been produced with the financial assistance of the European Union. The contents of the deliverable are the sole responsibility of the project partners and can in no way be taken to reflect the views of the European Union, the participating countries, the Managing Authority and the Joint Secretariat.

DELIVERABLE ID

MIS code:	5010604
Project acronym:	MediciNet II
Project Title:	Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies

Deliverable title:	D.5.1.3 Impact assessment and sustainability
Version:	V.1.0

Contract title	Supporting the Contracting Authority for the implementation of the Work Packages: WP1 “Project management & coordination”, WP2 “Communication & Dissemination” and WP5 “Sharing healthcare practices across borders” within the project “Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies” (MediciNet II)
Contractor:	planO ₂ Consulting Private Company
Author(s):	<ul style="list-style-type: none">• Papaioannou Ioanna• Tsekeridis Vasileios
Contracting Authority:	General Hospital of Komotini «Sismanogleio»

Description:	The present document consists the impact assessment and sustainability plan of MediciNet II project
---------------------	---

PARTNERSHIP

Role	Partner name	Country
Lead Beneficiary	General Hospital of Komotini “Sismanogleio”	Greece
Partner Beneficiary 2	Multi-profile Hospital for Active Treatment "Dr. Atanas Dafovski" AD	Bulgaria

SHORT PRESENTATION OF THE PROGRAMME

The Cooperation Programme “Greece-Bulgaria 2014-2020” was approved by the European Commission on 09/09/2015 by Decision C(2015) 6283. The total budget (ERDF and national contribution) for the European Territorial Programme “Greece-Bulgaria 2007-2013” is €129,695,572.00. The total financing consists of €110.241.234,00 (85%) ERDF funding and €19.434.338,00 (15%) national contribution. The eligible area of the Programme consists of the Region of Eastern Macedonia-Thrace (Regional Units of Evros, Kavala, Xanthi, Rodopi and Drama) and the Region of Central Macedonia (Regional Units of Thessaloniki and Serres) in Greece and the South-Central Planning Region and South-West Planning Region (Districts of Blagoevgrad, Smolyan, Kardjali and Haskovo) in Bulgaria. The Priority Axes are PA 1: A competitive and Innovative Cross-Border area, PA 2: A Sustainable and climate adaptable Cross-Border area PA, 3: A better interconnected Cross-Border area, PA 4: A socially inclusive Cross-Border area.

Contents

1	The feasibility and added value of the evaluation and sustainability plan of the MediciNet II project.....	5
2	The methodological approach for the implementation of the evaluation and sustainability plan.....	6
3	Current situation analysis in the health sector in the project intervention area.....	8
3.1	The health sector in the intervention area / presentation of health indicators	8
3.2	Survey results	17
3.3	Overall assessment of the current situation on health sector of the intervention area - SWOT analysis.....	17
4	The Impact of the Interreg V-A Program "Greece - Bulgaria 2014-2020" in the field of health in the intervention area	20
5	Identification - capitalization of knowledge from the project implementation - results of primary research	27
6	Presentation of Best Practices on the Sustainability and Capitalization of European Projects in the Health Sector	29
6.1	Project Trisan	30
6.2	Project INTERSYC.....	32
6.3	Project Healthy mother and child - a pilot cross-border health care program....	34
6.4	Healthacross for future	35
6.5	A hospital for the cross-border region: creation of the new Cerdanya Hospital	37
7	Suggestions for utilization of the acquired know-how and experience from the partners	41
8	Evaluation of interventions and actions proposals that can be implemented by both project partners in order to strengthen their position and optimize the services provided	42
9	“Roadmap” on the use of national and European funding tools in the field of health for the implementation of the proposed interventions - actions.....	49
9.1	Regional Operational Program of Eastern Macedonia and Thrace	49
9.2	Sectoral Operational Programs.....	50
9.3	Territorial Cooperation Programmes.....	53
9.4	Third Health Action Program 'Health for Growth'	55
9.5	European ERASMUS + Program.....	56

1 The feasibility and added value of the evaluation and sustainability plan of the MediciNet II project

The Impact Assessment and Sustainability Plan of the project concerns the assessment of the impact of the project actions on health in the cross-border area as well as on the target groups.

Although knowledge, facts and information on program planning, implementation, and evaluation are common, those on health promotion program sustainability are less abundant and tend to be fragmented. The concept of sustainability refers to the continuation of programs and therefore accordingly a sustained program is defined as a set of durable activities and resources aimed at program-related objectives. There are at least four reasons why sustainability concerns public health decision makers and practitioners. First, sustained programs can maintain their effects over a long period allowing for the study of long-term effects. Second, there is often a latency period between the beginning of program-related activities and their effects on population health so the program has got to be able to live through the latent period for it to realize its effects. In addition, if a program were perceived as being beneficial for the health of targeted populations, the absence of sustainability would lead to an investment loss for the organizations and people involved; and yet a discontinued community program brings disillusion to participants and therefore poses obstacles to subsequent community mobilization. For these reasons which are by no means exhaustive, sustainability is crucial for any intervention considered beneficial to the population.

2 The methodological approach for the implementation of the evaluation and sustainability plan

The assessment of the project impact and sustainability was based on a wealth of resources including:

- Study of international and national best practices in the health sector
- Socio-economic analysis
- Bibliographic overview
- Interviews with executives from the two project partners directly related to the project
- Field research for project participants, such as health care professionals (doctors, nursing staff) who participated in specific project actions
- Reports and publications on the health sector in the cross-border area
- Comments and suggestions from the group of experts supporting the project.

The methodological approach for the preparation of the Project’s Impact Assessment and Sustainability Plan includes the following

Data collection

The data collection was based on secondary research, during which bibliographic references were collected for:

- The health sector in the Region of Kardzhali as well as in the Regional Unity of Rodopi, which are the "central" intervention area of the project,
- detailed health information and statistics in order to calculate the main health indicators for the project intervention area
- development policies that are directly or indirectly related to the health sector in the project intervention area
- best practices on the sustainability and capitalization of European projects in the health sector
- financial instruments at national and European level in the sector of health.

Indicative sources of data on the above information are:

- the Ministries of Health of Greece and Bulgaria,
- the 4th Health District of Macedonia and Thrace and the corresponding office in Bulgaria,
- the Greek Statistical Authority,,
- the European Statistical Authority (Eurostat),
- the policy documents of the two countries concerning the project's intervention area: the Operational Program of the Region of Eastern Macedonia and Thrace 2014-2020, the Operational Program "Regions for Development 2014-2020" of Bulgaria, the Operational Program INTERREG VA "Greece- Bulgaria 2014-2020 ", the Third Health Action Program, the National Health Strategy and Health Sector Actions in the 2014-2020 NSRF, etc.
- databases of good practice in the health sector of the European Commission,

- policy guide for the European Structural and Investment Funds in the health sector

Furthermore, qualitative research was carried out through semi-structured interviews with people who participated in the project planning and monitoring, as well as those who participated in specific actions, such as the medical and nursing staff of the two hospitals. The purpose of the interviews with the executives who participated in the design, implementation and monitoring of the project was the collection of qualitative data on the actions of the project, its effects and the problems that arose.

Data processing and synthesis of results

The processing and analysis of the secondary data was done by utilizing combinational methods of qualitative and quantitative research, with the ultimate objective in combination with the primary research to create a complete image for:

- the existing health situation in the project intervention area in order to assess the relevance, effectiveness and consistency of the principles, priorities and actions of the Interreg VA Cooperation Program "Greece - Bulgaria 2014-2020" in the provision of health care services quality in the cross-border area
- the best practices for the sustainability and capitalization of European projects in the health sector
- the proposals for utilizing the know-how and experience gained by the two project partners
- The recording of proposals for interventions and actions that can be implemented by both project partners in order to strengthen their position and optimize the services provided.
- financial instruments at national and European level that can support the implementation of the proposed interventions - actions

3 Current situation analysis in the health sector in the project intervention area

3.1 The health sector in the intervention area / presentation of health indicators

3.1.1 Demographic characteristics and social developments

The 2011 census recorded a population of 112 039 people at the Regional Union of Rodopi (with no significant change from census 2001). The population density is 43.89 people per square kilometer, modestly increased since 2001. It is of high importance for planning medical services and interventions in the Rodopi area to have in mind that more than 26% of the population is over 60 years, and almost 15% over 70 years.

Table 1: Summary of the demographic data in the Regional Unit of Rodopi

REGIONAL UNIT OF RODOPI – DEMOGRAPHIC CHARACTERISTICS								
AREA: 2.543 Square Kilometers		1991	2001	2011				
ACTUAL POPULATION		103.190	110.828	112.039				
POPULATION DENSITY		40,58	43,60	44,06				
Age distribution of actual population (2011)								
TOTAL	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70+
112.039	10.487	12.356	15.694	15.356	14.943	14.134	12.525	16.544

Source: Greek Statistics Authority, 2011

Figure 1: Age distribution of the population in the Regional Unit of Rodopi (Eurostat 2011)

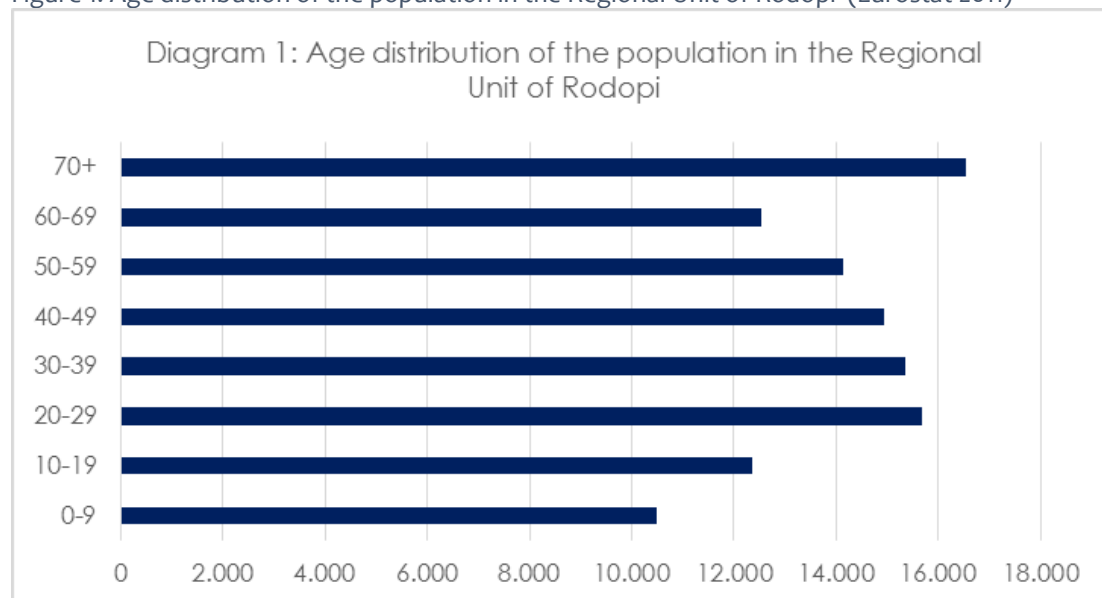
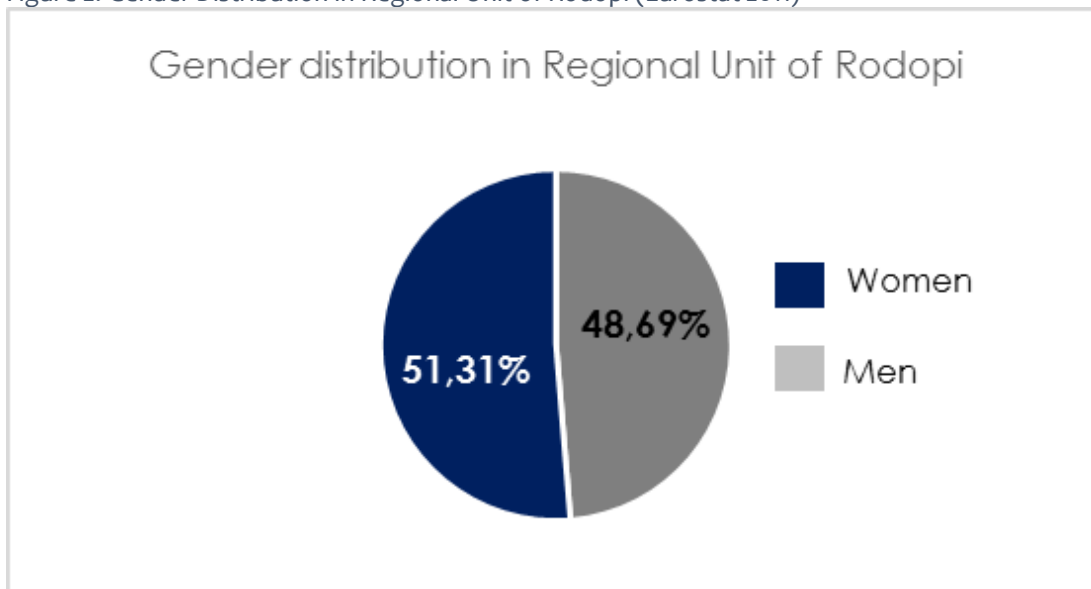


Figure 2: Gender Distribution in Regional Unit of Rodopi (Eurostat 2011)



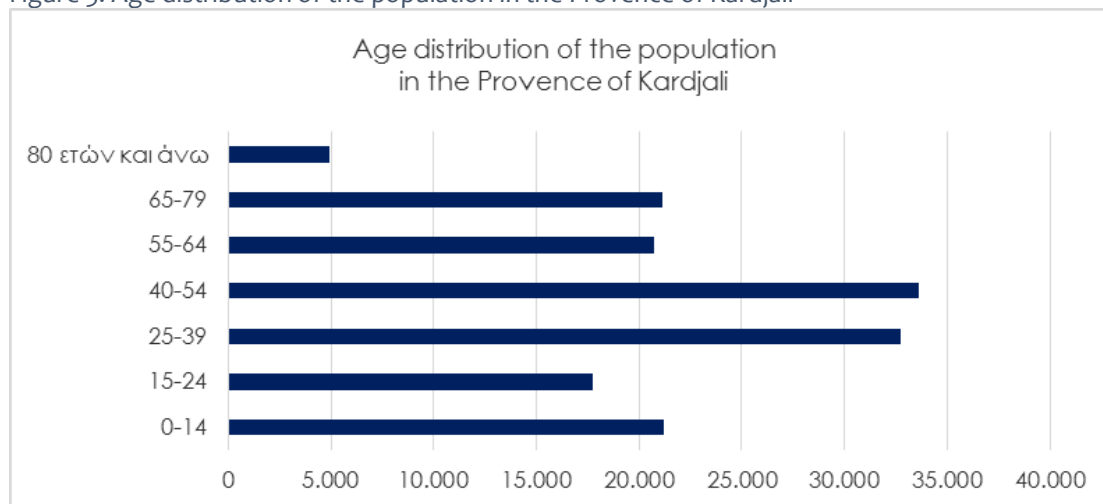
The Bulgarian Province of Kardjali, in 2011, had a population of 152 009 people presenting a minor decline comparing to 2010.

Table 2: Summary of the demographical data in the Region Unit of Kardjali

REGIONAL UNIT OF KARDJALI – DEMOGRAPHIC CHARACTERISTICS							
AREA: 3.193 Square Kilometers	2009	2010	2011				
ACTUAL POPULATION	145.577	153.571	152.009				
Age distribution of actual population (2011)							
	0-14	15-24	25-39	40-54	55-64	65-79	80 +
152.009	21.170	17.728	32.720	33.603	20.728	21.148	4.912

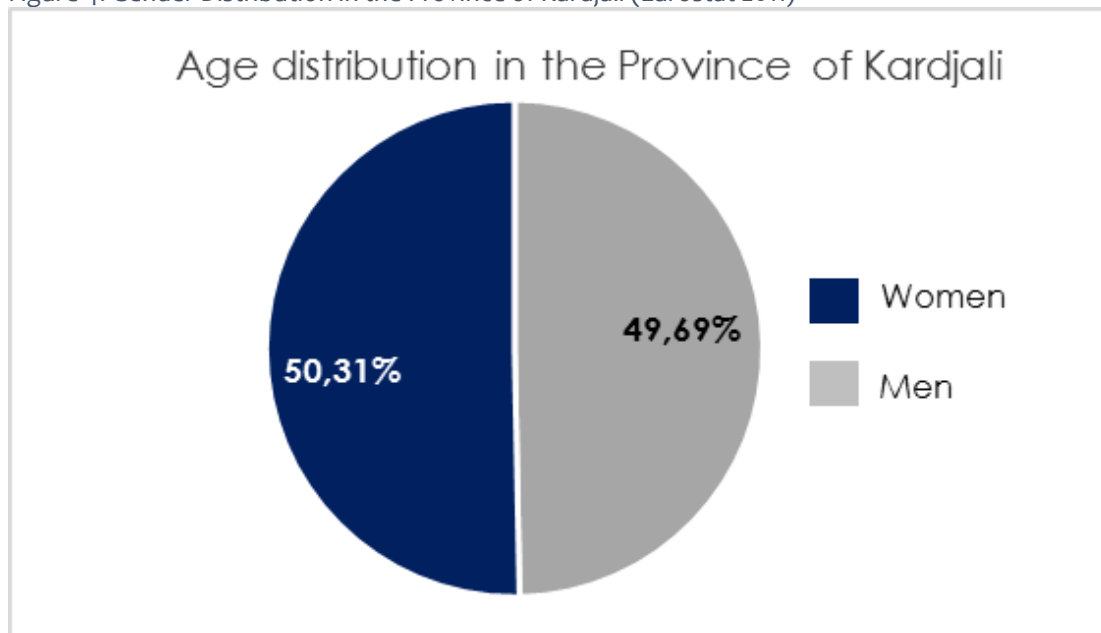
Source: National Statistics Institute of Bulgaria, 2011

Figure 3: Age distribution of the population in the Province of Kardjali



Source: National Statistics Institute of Bulgaria, 2011

Figure 4: Gender Distribution in the Province of Kardjali (Eurostat 2011)



Both Regional Unit of Rodopi and the Province of Kardzhali are among the poorest areas of EU. The GDP/person for Rodopi for the year 2016 was 10.026€, while for Kardzhali for the year 2017, GDP reached 6,472 BGN/person while its national average value of 12,339 BGN/person was almost two times higher. The GDP/ person for 2017 for Kardzhali was decreased 5,5% comparing to 2016 (GDP/person 6.848 BGN). Incomes in the district rose to 3,887 BGN/household member in 2016 – following a drop in the previous year but they, too, remained considerably below the national average level of 5,167 BGN/household member. Low salaries and income placed Kardzhali among the districts with the highest shares of both people living in material deprivation and those below the poverty line. In 2015 those living in poverty in the district were 43.3% or twice as many as the national average.

Concerning labor market Kardzhali remained one of the districts with the lowest economic activity. In 2016 it slightly rose to 61% vs. 69% nationally. Employment also rose to 60% but failed to compensate the drop from the previous year and also remained below the national average. Unemployment kept falling and was once again the lowest in the country though that was due to low economic activity. The problems concerning both low economic activity and employment in the district were partly determined by the exceptionally unfavorable population structure between ages 25 and 64. The share of university graduates went on dropping to reach 15% in 2016, while the national average share was 28%, which placed Kardzhali last among Bulgarian districts. At the same time, the share of people in the same age group with primary or lower education (30% vs. 18% nationally), though decreasing, was among the highest in the country.

Unemployment in Rodopi for the year 2017 was 18,2 % , than the national rate. With the exception of 2017 unemployment in Rodopi was rising from 2010 to 2016. The unemployment rate for 2016 was almost double comparing with 2010.

Both areas have venerable groups that live there like Roma. For Karzhali they represent 1% of the total population while in Rodopi more than 2,3%. These groups are often associated with poverty, low education, becoming an obstacle to their social inclusion.

Figure 5: Unemployment evolution for Rodopi Regional Unit and Greece for the years 2010-2017

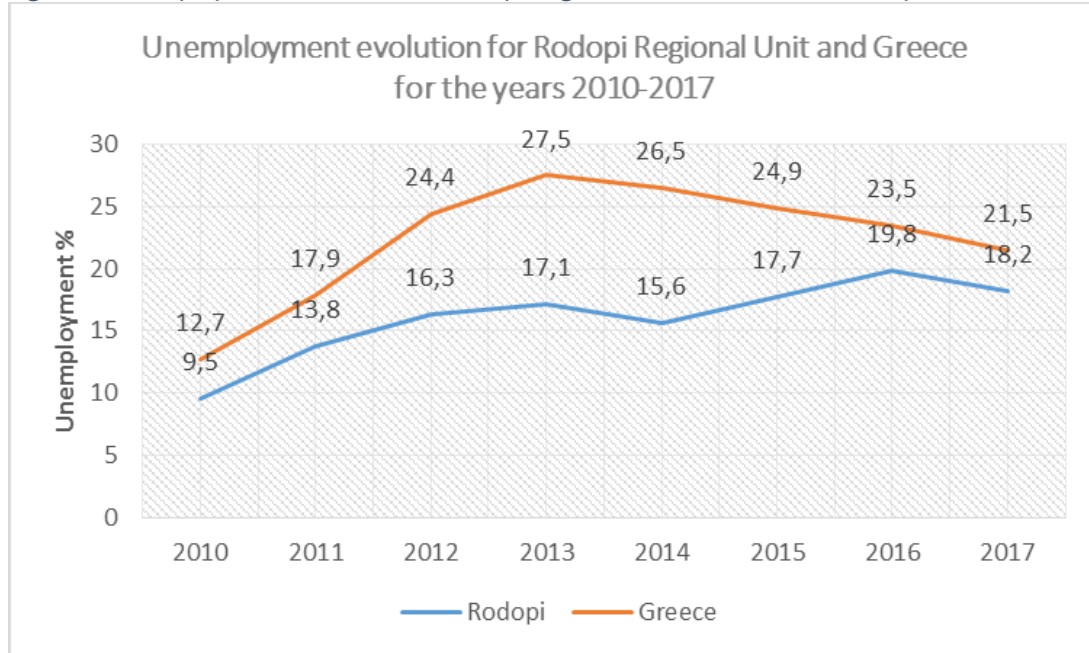
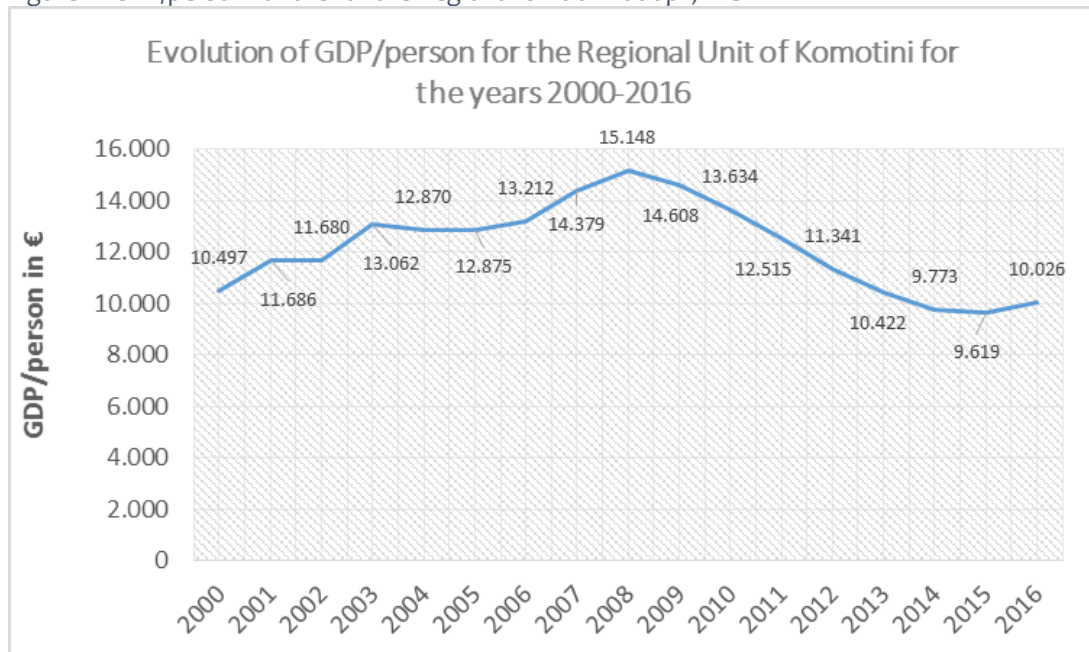


Figure 6: GDP/person for the for the Regional Unit of Rodopi , ELSTAT



3.1.2 Health Infrastructure and personnel in Rodopi Regional Unit and in Kardzhali Province

Regional Unit of Rodopi
Hospitals
General Hospital of Komotini
Health Centers
Health Center of Iasmos
Health Center of Sapon
Health Care Units of the National Primary Health Care Network (PEDY)
Health Care Unit of Komotini

Province of Kardzhali
General Hospitals
Multi-profile Hospital for Active Treatment “Dr. Atanas Dafovski” - Kardzhali
Multi-profile Hospital for Active Treatment - Ardino
Multi-profile Hospital for Active Treatment “Zhivot+” - Krumovgrad
Multi-profile Hospital for Active Treatment "Dr Sergei Rostovtsev" - Momichilgrad
Specialized Hospitals
State psychiatric hospital - Kardzhali

Table 3: Health indicators for the hospital of Komotini

Indicator	2015	2016	2017	Average 2015-2018	Percentage change2015- 2018
Total Nursing Days	34.924	34.120	33.332	34.122	-4,59
Number of patients in the hospital	10.808	10.001	10.140	10.316	-6,2%
Number of Imports	8.963	8.716	8.782	8.820	-2,0%
Bed occupanvy	61,3	59,4	62,5	61,1	1,95%
Medium duaration of hospitalisation	4,0	3,9	4,0	4,0	0%
Rate of influx of patients	55,3	55,4	57,4	56,3	3,7%
Average Bed Inertia	2,6	2,7	2,4	2,5	-6,59%
Productivity rate for health services	5.553	5.537	5.740	5.5603	3,74%
Surgical procedures	2.677	2.469	2.539	2.562	-5,16%

Laboratory Tests	810.146	761.364	749.594	773.701	-7,47%
Examiners in the Emergency Department	52.621	50.440	48.570	50.444	-7,7%
Examined at Regular Outpatient Departments	55.552	58.665	59.610	57.942	7,3%
Cost of Operation (in €)	23,52	21,83	22,99	22,78	-2,23
Cost per hospitalized patient (€)	4.668	4.703	4.904	4.759	5,06
Cost per day of hospitalization (€)	1.392	1.377	1.425	1.503	2,37

Kardzhali had one of the most serious shortages of doctors in Bulgaria in 2016 as well. There were 2,394 people per GP (vs. 1,611 people nationally), while there were 782 people per specialist (vs. 530 people nationally). The number of beds in general hospitals in the district (3.7 per 1,000 people) was also low compared with the national average of 5.1 per 1000 people.

That resulted in local people searching for medical care outside the district; it also explains the relatively low number of hospitalizations in the local hospitals – 168 per 1,000 people (vs. 235 nationally).

For Rodopi the number of people per GP was 2.286 (vs. 3.542 people nationally) while there were 454 people per specialist (vs. 166 people nationally), for 2017.

3.1.3 Epidemiological Data

According to the statistics of the Greek Statistics Authority, births since 2008 (following the economic crisis) have been reduced, while at the same time, deaths increased. The result was that in 2011 births got less than deaths, as shown in Table 20, indicating a demographic challenge of aging populations.

Table 4: Natural Population movement 2008-2011

Year	2008	2009	2010	2011
Births	118.302	117.933	114.766	106.428
Deaths	107.979	108.916	109.084	111.099

Source: Greek Statistics Authority, 2011

During the same period mortality by age shows no serious fluctuations, while neither the main causes of death changed in hierarchy. The most significant category is still the one of heart diseases at a rate of 37.8%, followed by neoplasm diseases (32.7%), diseases of brain vessels (18%), respiratory diseases (8.1%) and accidents (3.3%).

Table 5: Most Significant Causes of Death (Greece)

Year	2008	2009	2010	2011
------	------	------	------	------

Heart Diseases	32.212	31.976	31.837	31.625
Neoplasms	21.386	27.345	27.177	27.357
Diseases of brain vessels	16.064	15.493	14.910	15.041
Respiratory diseases	6.794	7.095	7.053	6.815
Accidents	3.326	3.310	2.983	2.790

Source: Greek Statistics Authority, 2011

A significant diachronic fluctuation is observed only at the cause "Neoplasms", which presents a sharp increase from 2008 to 2009.

Figure 7: Percentage distribution of important categories of causes of death

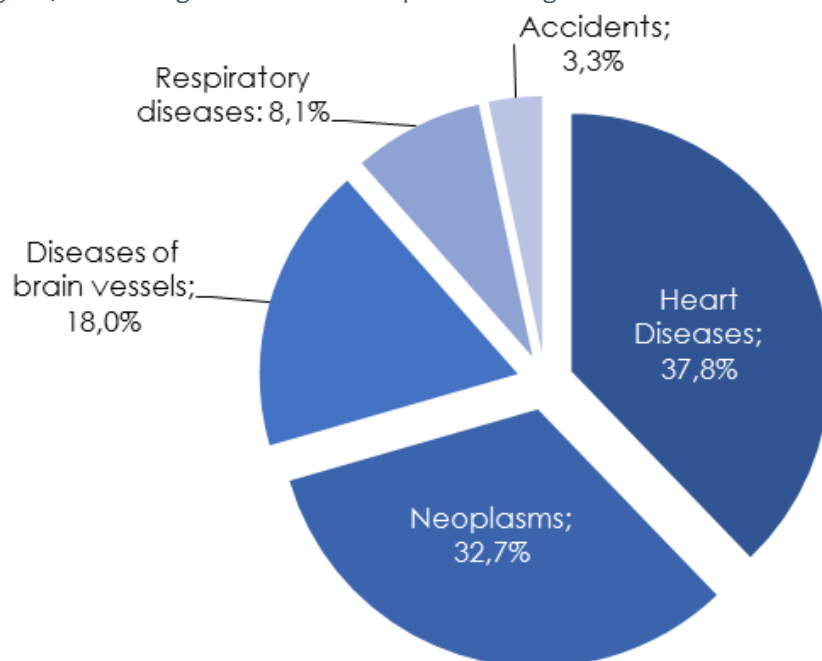


Table 6: Mortality by Age

Age of the diseased	2007	2008	2009	2010	2011	2012
0-14 years	599	432	585	630	565	469
15-34 years	2.050	1.857	1.986	1.739	1.553	1.469
35-49 years	3.944	3.731	3.755	3.589	3.617	3.558
50-64 years	11.152	11.327	11.308	11.450	11.514	11.702
65+ years	92.150	90.562	90.680	91.676	93.850	99.740
Total	109.895	107.909	108.314	109.084	111.099	116.938

Source: Greek Statistics Authority, 2011

At the same time and in the same period, an increase in life expectancy for both female and male population is observed.

Since most of deaths in Greece are due to vascular diseases and cancers, the risk factors for these diseases are currently considered the most critical aspects of public health. In this context smoking, poor diet, obesity, environmental pollution and lack of exercise contribute to the incidence of a number of organic disorders such as hypertension and diabetes, which have a negative effect on the level of health and mortality of the Greek population.

Figure 8: Main Causes of Death

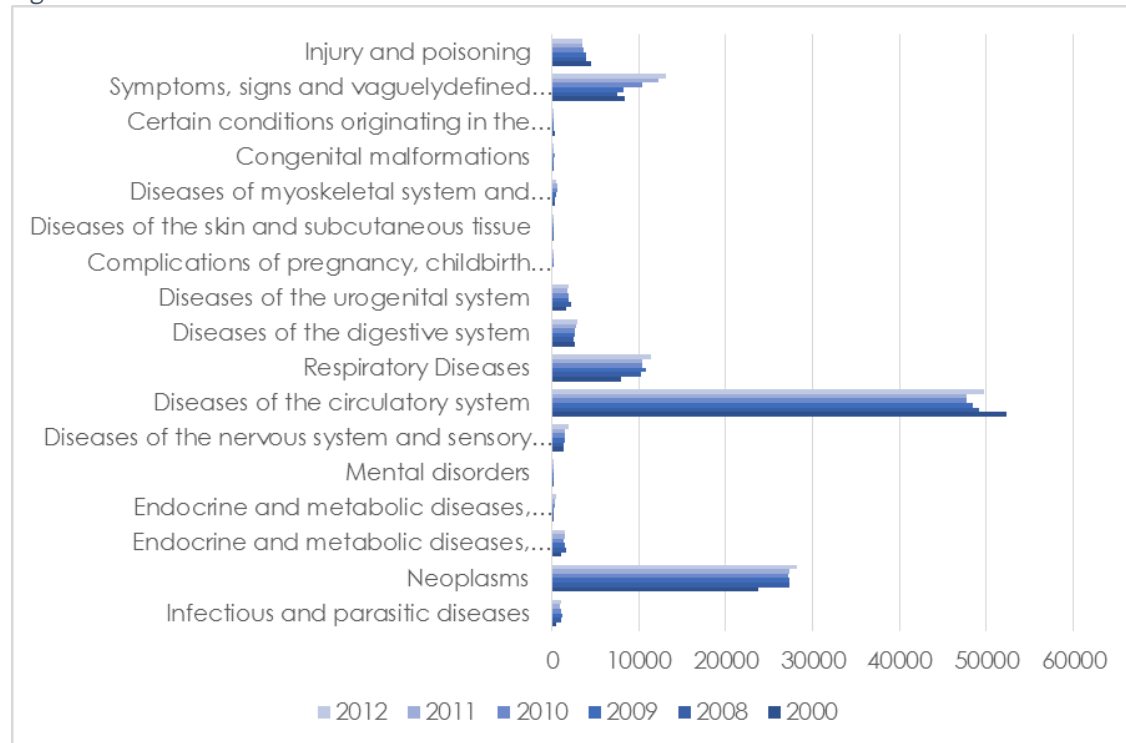
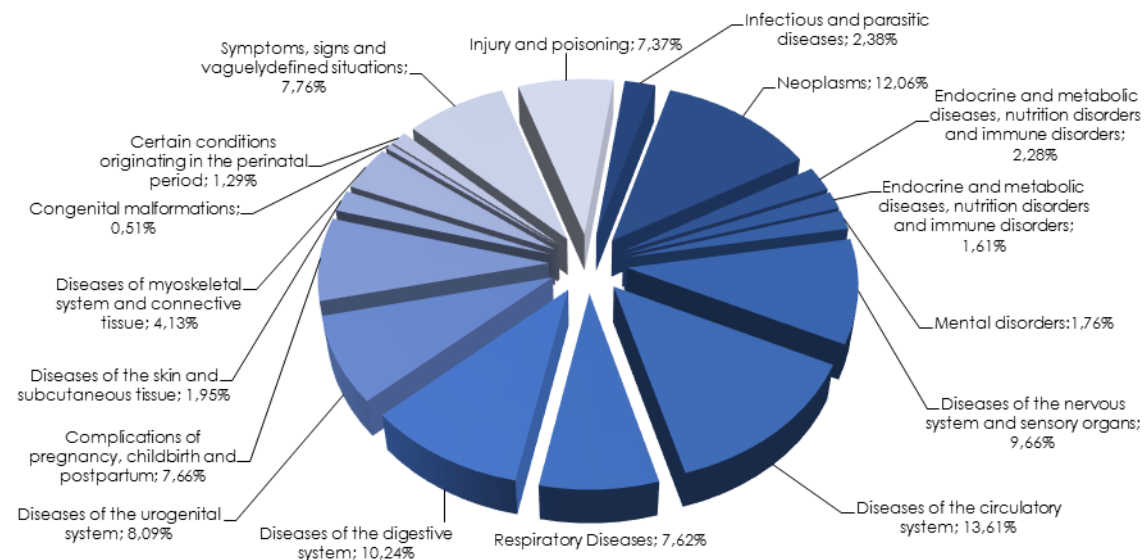


Figure 9: Participation rates of every disease in the diseases assemble of the 4th Health District



Observing the diagram, appears that the most significant differences between the area of responsibility of the 4th Health District and throughout the Greek territory are observed in injuries and poisonings, in circulatory diseases, diseases of the nervous system and sensory organs. Respectively, significantly lower than the average nationwide, appear respiratory and digestive system diseases and diseases of the skin and connective tissue.

At this point, it is worth mentioning the main factors responsible for the poor quality of life and who - according to the European Commission - lead in many cases to instances of the abovementioned categories:

Table 7: Factors responsible for the poor quality of life

Disease	Factors of influence
Accidents	Driving under the influence of alcohol, non-compliance with security measures, defective products, poor services, environmental Problems
Cancer	Smoking, alcohol consumption, nutrition, genetic / hereditary factors, exposure to radiation, carcinogens
Cardiovascular diseases	Smoking, alcohol consumption, nutrition, genetic / hereditary factors, Anxiety / Stress, lack of exercise
Communicable / Infectious diseases	Poor hygiene, polluted / unclean drinking water, non-compliance with measures of sexual behavior, use of drugs and formulations, nutrition, transfusion of infected blood
Use of drugs and formulations	Socio-economic problems, Psychosomatic disorders, Anxiety / Stress
Musculoskeletal	Low quality of work environment, physical stress, nutrition, lack of exercise.
Respiratory	Environmental problems, Smoking, Genetic / hereditary factors
Mental/Psychological Illnesses and Suicide	Socio-economic problems, genetic factors, Anxiety / Stress

Source: European Commission

Regarding the above factors and according to the European Commission's data, Greece holds the first position in cigarette consumption, with almost double consumption per capita from the average of the EU, as well as in overweight and obese, with 20% of the population in this category (average of EU 15,5%). Regarding alcohol consumption, Greece holds the third place in the EU with an average per capita consumption of 11.1 litres. (average of EU 9.4).

Factors mentioned above disclose a significant part of the acquired factors affecting the health of the citizens of a country and is therefore an important predictor tool of future morbidity. It has been clinically proven that "bad habits" such as smoking, alcohol consumption and obesity are major causes of cancer, cardiovascular diseases.

For the Kardzhali Province the most significant causes of death for the years 2015-2018 include Neoplasms and Heart Disease.

Table 8: Kardzhali Province the most significant causes of death for the years 2015-2018 per 100 000 of population ,

Year	2015	2016	2017	2018
Heart Diseases	829,3	855,9	806,0	823,6
Neoplasms	1.386,2	1.306,9	1.277,2	1.285
Diseases of brain vessels	296,6	311,0	315,1	332,1
Respiratory diseases	46,2	56,0	47,5	59,0
Accidents	23,0	32,	22,6	30,2

National statistical institute (BG)

3.2 Survey results

From a series of interviews with over 80 health professionals in both Hospitals (General Hospital of Komotini and Multi-profile Hospital for Active Treatment "Dr. Atanas Dafovski" AD) through out the project’s duration, the following issues proposed as more important for the improvement of the health services in the cross border areas of Rodopi and Kirdzhali:

- Improvement of Primary Health services
- Developing assessment policies of the Medical staff and assessment methodologies of all the staff
- Training of medical and nursing personnel in emergency response and especially to incidents with multiple casualties.
- Hospital preparedness to receive multiple casualties
- Improvement of the medical and technological equipment
- Development of education and health promotion programs, lifestyle changes, management of chronic diseases, preventive screening tests, vaccinations, prenatal screening tests, etc. in selected social groups at increased risk of social-economic exclusion
- Reduce the cost of providing health services by increasing efficiency and effectiveness
- Promotion of informatics and e-health services
- Improvement of medical services concerning mental health
- Reduce the cost of providing health services by increasing efficiency and effectiveness

3.3 Overall assessment of the current situation on health sector of the intervention area - SWOT analysis

An integrated planning for health policy on a cross-border level requires basic strategy configuration steps, which should result from a set of goals that will determine, in the

medium term, the successful implementation of the policy based on the priorities selected. This process is methodologically supported by using the SWOT Analysis (Strengths - Weaknesses - Opportunities - Threats). SWOT analysis is a technique that lists and correlates Strengths with areas for improvement, at internal level, and Opportunities with Threats formed under the external activity environment.

Table 9: SWOT analysis

Strong Points	Improvement areas
<ul style="list-style-type: none"> ▪ Whole coverage of patients ▪ Coverage of a large number of patients and especially groups with high need for health services (ex. Aged population) ▪ Adequate area of service structures ▪ Incorporating modern technologies - availability of integrated data recording systems in most cases ▪ Constant improvement of operational indicators for the GH of Komotini (Average bed occupancy, Average rate of inflow of patients, Average Interval in Switching Patients, Health Services Production Index) ▪ High quality experienced and well trained medical staff. ▪ Excellent administrative services ▪ Transnational agreements - cooperations. ▪ Stability Pact for Southeastern Europe - Transnational Cooperation Sector: Mental Health for South Eastern Europe. ▪ Hospital accesibility 	<ul style="list-style-type: none"> ▪ Improve overall productivity and efficiency of Health Units. ▪ Homogeneity and assurance of service quality. ▪ Implementation of the family physician model. ▪ Establishment of an integrated system of quality assurance and security of services. ▪ Enrichment of the specialised training programs of medical personnel. ▪ Enhancement of the participation of health professionals in training and education. ▪ Training in service quality issues and use of informatics and management systems ▪ Infrastructure improvement
Opportunities	Threats
<ul style="list-style-type: none"> ▪ Existence of current European roads and opening new ones in the cross-border region. ▪ Available Community co financing 2014-2020. ▪ Broadening possible cooperation with neighbouring countries in the Balkans. ▪ Financing Education Actions by Co financed Projects ▪ Utilization of highly qualified and experienced staff ▪ Increased requirements of the population for services and information 	<ul style="list-style-type: none"> ▪ National policy of reducing healthcare and medical expenditure. ▪ Reduced capital investment in equipment and infrastructure. ▪ Reduced private expenditure on health care. ▪ Significant deficits in major National Insurance funds and hospitals ▪ Large immigration wave of qualified personnel due to the crisis. ▪ Lack of cooperation and coordination with relevant ministries. ▪ Continuous changes in the legislative framework.

<ul style="list-style-type: none">▪ Rapid development of technology, therapeutical techniques and equipment▪ Developments of information technology systems▪ New medicines and therapeutic techniques	<ul style="list-style-type: none">▪ Lack of evaluation of policies, programs, institutions and individuals throughout the country's health system.▪ Demographic rearrangements - aging population.▪ Social transformations and emergence of new user groups.▪ Displaying dangers with no borders (SARS, Bird Flu, H1N1).▪ Emerging infectious diseases worldwide.▪ Degradation of the environment affecting the health of the population.▪ Significant percentage of uninsured population in both countries and immigrants.▪ Delays in recruitment process and implementation of investment programs.▪ Operation of modern competitive private health units.
---	--

4 The Impact of the Interreg V-A Program "Greece - Bulgaria 2014-2020" in the field of health in the intervention area

The Cooperation Program Interreg V-A "Greece - Bulgaria 2014-2020" aims at the sustainable and innovative development of the cross-border area without social exclusion. In particular, the specific objectives of the project include the following:

- Further improve and strengthen cross-border cooperation,
- Development and promotion of the cultural and natural heritage of the cross-border area,
- Protection of the local population from the risk of natural disasters (eg fires, floods);
- Improvement of the management of water resources,
- Improvement of cross-border connectivity (eg reducing travel time, improving road safety);
- Expansion of social entrepreneurship in the cross-border area,
- Strengthening the tourist traffic in the border area,
- Creating growth and new jobs by stimulating entrepreneurial activity and improving the ability of small and medium-sized enterprises to expand their activities beyond local markets.

The total budget (ERDF and national contribution) for the European Territorial Programme “Greece-Bulgaria 2007-2013” is €130,262,835.00 .The total financing consists of €110.723.409,75 (85%) ERDF funding and €19.539.425,25 (15%) national contribution.

The eligible area of the Programme consists of the Region of Eastern Macedonia and Thrace (Prefectures of Evros, Kavala, Xanthi, Rodopi and Drama) and the Region of Central Macedonia (Prefectures of Thessaloniki and Serres) in Greece and the South-Central Planning Region and South-West Planning Region (Districts of Blagoevgrad, Smolyan, Kardjali and Haskovo) in Bulgaria.

According to the Operational Programme “Greece-Bulgaria 2014-2020”, “the health status indicators in the cross-border area have not been satisfactory for a long time, despite the satisfactory levels (in terms of quantity) of healthcare infrastructure in the area, indicating a lack of effectiveness and proper spatial distribution of such resources.

The rise of poverty in the cross-border area now exerts increased pressure on health care systems, while it also places vulnerable groups (which have a significant presence in the CB area) at increased risk of peril. At the same time, economic recession and disinvestment prevent many CB area inhabitants from gaining access to healthcare services (uninsured civilians).

Health inequalities in the CB area are shaped by the inequalities in availability, access and quality of services, by the financial burden these impose on people, and even by the linguistic, cultural and gender-based barriers that are often embedded in the way in which clinical practice is conducted.

Supply gaps are still a reality in the border-zone or buffer area, making the extension of health service networks across the border a priority concern. Further, service delivery reforms are needed to transform conventional healthcare delivery into primary care, optimizing the contribution of health services – local health systems, health-care networks, health districts – to health and equity while responding to the growing expectations for better health performance.

Especially in the low income parts of the CB area, the opportunity exists to reorient existing health services towards primary care, to improve the health of affected communities”.

As far as concerns the health sector, the Program includes actions concerning:

- the development of common cross-border plans and principles for the provision of high-quality health care services and the joint treatment of health risks,
- Acquisition of new / upgrading of existing medical equipment of health care facilities in the cross-border area,
- the exchange of good practices for upgrading the knowledge of human resources in the efficient provision of health services as well as the successful handling of emergencies and emergencies.

Those health projects are implemented under the Thematic Objective 9 - Promoting social inclusion, combating poverty and any discrimination / **Investment priority 9a - Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services.**

The total amount to be granted for the current Programming Period (2014-2020) within the “Greece-Bulgaria” Programme for projects within the within Investment Priority 9a is 12,641,234.00 €. The total budget of the MediciNet II project is 1,336,408.00€ which is a 10.5% of the budget for the Investment Priority 9a. The project is co-funded by the European Regional Development Fund (ERDF) and national funds of Greece and Bulgaria.

Below are presented the health projects that are implemented under the Investment Priority 9a.

Title	e-Social Health Care
Acronym	e-SOHECA
Start & End Dates	Oct 24, 2017 & Oct 20, 2019
Budget	764.751,16 €
Lead Beneficiary	Municipality of Nestos
Beneficiaries	Municipality of Topeiros Municipality of Zlatograd
Project Overview	The project idea is to establish a responsive e-social health care system which will include advanced medical equipment connected to a web based system, in order to provide ad-hoc healthcare to anyone in need. The overall objectives of the project are summarised as follows: a) to create web medical files for the habitants of the area, where all of the data from the measurements will be uploaded and stored, and made accessible at any time via the system by doctors volunteers etc., b) to provide health and social care services to elderly habitants and disabled people and c) to give incentives to network participants, which will guarantee project success

Impact assessment and sustainability within the project MediciNet II
 “Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies”

and sustainability; d) to eliminate social discrimination and promote equal treat and social inclusion of people no matter where they live. This system has an indirect effect which facilitates the prevention of medical emergencies and will also contribute to any studies regarding the medical situation of the area, as it will have the capacity to store the measured data (securely, anonymously) in order to provide vital demographic measurements and data for future use.

Title	Receive Emergency/Daily needed HEALTHcare through innovations in the cross border area
Acronym	E/HEALTH
Start & End Dates	Sep 22, 2017 & Sep 21, 2019
Budget	1.391.408,01 €
Lead Beneficiary	Center for emergency care Kardzhali
Beneficiaries	General Hospital of Kavala Medical Association of Kavala
Project Overview	E/HEALTH project includes activities that improve the cooperation between both countries in the health sector in the cross-border area, enhances the facilities for the provided services in key-role regional hospitals improving medical services quality, enhances the competence of the Emergency Unit and the Primary Health Care in Kardjali and the Emergencies at the General Hospital of Kavala in terms of equipment and capacity of medical staff (doctors and paramedics), upgrades the networking of medical care providers in the CB area and improves the Civil Protection Stakeholders’ cooperation in emergency situations. The telemedical tools for the ambulances and hospitals and also the mobile units in the targeted test sites will substantially add to the capacity of the limited number of medical specialists to react and response in the emergency situation caused by natural or human based disaster situations.

Title	Improving Healthcare Access through a Personal Health Monitoring System
Acronym	eHealth Monitoring
Start & End Dates	Oct 31, 2017 & Oct 30, 2019
Budget	629.753,24 €
Lead Beneficiary	Centre of Caring and Solidarity of Komotini Municipality
Beneficiaries	Association “EURORADAR” Central Union of Municipalities in Greece Democritus University of Thrace - Department of Economics Medical Association of Rodopi Municipality of Kirkovo
Project Overview	The main target of the project is to study, design and implement a novel, user friendly, flexible, highly efficient, interactive mobile application for health monitoring. The project contributes to E2020 strategy regarding “smart growth”, “sustainable growth” and “inclusive growth” objective by promoting “access for all” to health care using telemedicine and telecare infrastructure and other technology-oriented health care provision methods

Title	Reducing access inequalities in primary healthcare for socially significant diseases at CB Area’s deprived communities
--------------	---

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme [22]

Impact assessment and sustainability within the project **MediciNet II**
 “Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies”

Acronym	equal2health
Start & End Dates	Dec 15, 2017 & Dec 14, 2019
Budget	1.196.185,00 €
Lead Beneficiary	General hospital of Thessaloniki “G. Papanikolaou” - PHT Organic Unit Psychiatric Hospital of Thessaloniki
Beneficiaries	Cardiology Society of Northern Greece Diagnostic and Consulting Center “Aleksandrovska” Ltd Intermunicipal Agency of Western Countryside of Thessaloniki ‘Nefeli’ Multispecialty Hospital for Active Treatment Devin JSC Regional Health Insurance Fund of Blagoevgrad
Project Overview	<p>The general objective of the Project is to reduce health inequalities in CB area by protecting citizens from socially sensitive diseases, promoting health prevention, foster supportive environments for healthy lifestyles and encouraging innovation in health.</p> <p>The Project will focus on the following categories of diseases: a) main non-communicable diseases (NCDs) mainly cardiovascular diseases (including cholesterol), chronic respiratory diseases and diabetes 40% of the population affected b) Psychiatric (mental) diseases Both of the above categories of diseases are related to deprivation, poverty, inequality and other social and economic determinants of health.</p> <p>The main delivered outputs of “equal2health” project are: 1) 1 joint “Observatory equal2health for socially significant diseases” in CB area 2) 2 Mobile Units for providing medical exams and prevention awareness campaign in all CB area. 3) 2 Pilot Action implementation on deprived & isolated communities (1 in Roma community in Diavata Thessaloniki, 1 in Mountainous/rural isolated area of Nedelino Municipality in Rhodopi mountain). 4) Awareness campaign to main target population and to Medical Staff and Authorities 5) Policy recommendation on reducing health inequalities and dealing with the commonly and socially significant diseases.</p>

Title	Improving quality and accessibility of social health care services in cross-border regions
Acronym	Health Care Centre
Start & End Dates	Oct 10, 2017 & Oct 09, 2019
Budget	1.125.370,50 €
Lead Beneficiary	Regional health inspection-Blagoevgrad
Beneficiaries	“Papageorgiou” General Hospital Center for emergency medical care -Blagoevgrad Office of Social Protection, Solidarity and Sports and Education of Lagadas Municipality Organisation of Social Protection and Solidarity of Municipality of Chalkidona
Project Overview	The project supports the effective implementation of public health policy in the territory of Thessaloniki Region and Blagoevgrad Region for improving quality and accessibility of social health care services in cross-border regions in accordance with the legislation and the recommendations of the EU, with a view to preventing possible risks to the health of the population in the CB region by providing mobile medical equipment for the project partners - the supply of mobile health care units

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme

Impact assessment and sustainability within the project MediciNet II
 “Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies”

	and specialized equipment for telemedicine in remote border areas, technical and laboratory equipment.
--	--

Title	Provision of Health care and Social services to vulnerable communities in the BG-GR CB area
Acronym	HS-Care
Start & End Dates	Oct 18, 2017 & Oct 17, 2019
Budget	791.718,47 €
Lead Beneficiary	Municipality of Strumyani
Beneficiaries	Association of Cancer Patients and Friends of Evros Prefecture - SinehiZO Municipality of Topolovgrad
Project Overview	The objective of the project is to promote social inclusion and to create conditions for the integration of persons with disabilities, disadvantaged children, persons sentenced to probation, elderly people with mental health problems, cancer patients and their families by opening new and renovation of existing centers for social services in the municipalities Strumyani and Topolovgrad and purchase of mobile unit in Evros.

Title	Integrated Territorial Synergies for Children Health and Protection II
Acronym	INTERSYC II
Start & End Dates	Sep 05, 2017 & Sep 04, 2019
Budget	902.452,00 €
Lead Beneficiary	The Smile of the Child
Beneficiaries	Municipal Development Agency Of Komotini Municipality Nadja Centre Foundation Regional Inspectorate of Education - Blagoevgrad
Project Overview	The addressing of crucial social problems such as trafficking, which is linked directly to the disappearances of children, the support of families in crisis and the ensuring of good health for children are decisive factors for keeping the local population in its residence, strengthening the relationships between the two sides and creating a favorable environment for the development of sustainable economic activities. The activities of INTERSYC II will cover even extended areas with the same and even more intensive needs of preventive medicine actions for children, especially under the current socioeconomic circumstances. The participation of Regional Inspectorate of Education of Blagoevgrad will give the opportunity to SOC to expand activities and project results.

Title	Improving access and quality of health services in inaccessible and remote settlements of the border region of Gotse Delchev Municipality and Municipality of Paggaio
Acronym	Med4All
Start & End Dates	Sep 05, 2017 & Sep 04, 2019
Budget	917.042,20 €
Lead Beneficiary	Municipality of Gotse Delchev
Beneficiaries	Municipality of Paggaio
Project Overview	The overall objective of the project is to reduce inequalities in terms of health status of local population by improve access to quality health care - primary care in difficult accessible/remote areas of the border region through introducing a telemedicine in CB region.

Title	Remote Healthcare Service Provision
Acronym	RemoteCARE
Start & End Dates	Oct 12, 2017 & Oct 11, 2019
Budget	927.549,94 €

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme

Impact assessment and sustainability within the project MediciNet II
 “Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies”

Lead Beneficiary	Municipality of Oraiokaastro
Beneficiaries	Institute of Informatics and Telecommunications (IIT)-National Centre of Scientific Research "Demokritos" MPHAT "SOUTHWEST HOSPITAL"
Project Overview	The cross-border area is a rather rural area including remote villages with difficult access to large urban centers where health-care units exist. As a result, the rural population does not receive primary healthcare services. The proposed project aims at solving this problem by providing healthcare services to the targeted population on a regular basis with an emphasis on prevention and early diagnosis. The project will develop two mobile health care units (one for each country) staffed with a multidisciplinary team (a general doctor, a nurse and a social worker) that will visit the population on a regular basis. Each mobile health unit is expected to serve 128 patients from the first month and 100 additional people during the second month.

Title	SMART MEDICINE
Acronym	SMART_MED
Start & End Dates	Sep 05, 2017 & May 04, 2020
Budget	1.163.516,92 €
Lead Beneficiary	Municipality of Dimitrovgrad
Beneficiaries	Eastern Macedonia and Thrace Institute of Technology, Department of Nursing Paranesti Municipality Legal Entity of Social Solidarity, Pre-school and Education
Project Overview	The overall objective of the project is to invest in health infrastructure which contributes to regional and local development, reducing inequalities in terms of health status. The purpose of the Project is to improve the effectiveness of the primary health care system and indirectly manage to provide better health coverage to deprived communities shifting from the institutional to community-based services. As such it concentrates on actions that promote the quality and efficiency of primary care services. The main output is the development of Joint eHealth Data Base of the citizens of the two partnering areas as well as the establishment of a Practice for Telemedical Services and a Trans-border team of specialists (3 from each side) through the Pilots. The project will also develop a sustainable Community-based primary health care network that will help to progressively shift from the institutional to community-based services in order to decongest hospitals service volumes and increase overall health care capacity and responsiveness. The network will cover the cross-border area of Drama, Evros and Haskovo.

Title	Strengthening primary Medical care in IsoLated and deprived cross-border arEas
Acronym	SMiLe
Start & End Dates	Oct 12, 2017 & Oct 11, 2019
Budget	1.327.661,62 €
Lead Beneficiary	4th Health District of Macedonia-Thrace
Beneficiaries	Aristotle University of Thessaloniki, Department of Medicine Multi-profile Hospital for Active Treatment of Ardino Municipality of Harmanli National Emergency Aid Center
Project Overview	The main project aims are the (i) the upgrading of 6 PHC units and 3 small hospitals all located in remote and disadvantaged CB territories, (ii) the

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme

	creation and operation of a modern Training Center for PHC Practitioners, (iii) a set of studies focusing on the improvement of the accessibility in selected Healthcare Units in the CB area, including the preparation of a toolbox for Equal Health Provision and (iv) the development and operation of an IT Platform for the evaluation of PHC Services.
--	---

Title	Policies for Enhancing Access to Health Services in Deprived Areas
Acronym	The Healthy Municipality
Start & End Dates	Nov 01, 2017 & Oct 31, 2019
Budget	1.135.147,40 €
Lead Beneficiary	Regional Development Agency of Rodopi S.A.
Beneficiaries	Agency for Transnational Training and Development Aristotle University of Thessaloniki - Department of Economics Association of Rhodope Municipalities Municipality of Arriana Municipality of Iasmos Municipality of Krumovgrad Municipality of Momchilgrad Regional Health Inspectorate - Haskovo
Project Overview	The overall objective of the project is the designing and introducing of prevention policies at Municipality level to the remote CB areas. The project’s objective contributes to the implementing of prevention actions addressing the local population, the introduction of prevention policies and capacity building at Municipality level in the remote areas (developing tools-pilot applications to support their prevention policy), by setting up a CB lab on Municipal health prevention. The project concentrates on actions that promote primary care services and actions of CB added value such as digital data base in each area with patient cards, digital alert system, digital Municipal health platform in each area, digital networking local health structures, all designed under a common methodology.

The implementation of the all the above projects will contribute to the achievement of program specific objective *To improve access to primary and emergency health care (at isolated and deprived communities) in the CB area*. The implementation of the planning activities of the projects will result will result in the strengthening of health infrastructures and social infrastructures that will contribute to national, regional and local development by reducing inequalities in the health sector by promoting social inclusion through improved access to social, nature and leisure services, as well as the transition from institutional care to quality care.

5 Identification - capitalization of knowledge from the project implementation - results of primary research

In particular, the implementation of the MediciNet II project contributes to:

- the sustainable and efficient operation of the health systems of the cross-border area between Greece and Bulgaria and the maintenance of a high level of health of the population through the strengthening of resources (intangible and material) of the main structures of health care provided in the project,
- the universality and access to high-quality care for the entire population of the cross-border zone while at the same time reducing the inequalities between the two European Union Member States in the field of providing high quality health care,
- reducing the mobility of patients in the project area of intervention to secondary and tertiary health care units in larger urban centers while ensuring the cost-effectiveness of healthcare services,
- a most efficient way of organizing cross-border provision of healthcare services,
- address common challenges such as the growing need for health care services due to the continuing aging of the Greek-Bulgarian cross-border area,
- Strengthen the resources (intangible and material) of the two main structures of health care services in the cross-border area,
- the fulfillment of the requirements for optimal operation and successful provision of high-quality healthcare services and emergency and emergency management at the Sismanoglio General Hospital of Komotini and at the hospital at Multi-profile Hospitals for Active Treatment "Dr. Atanas Dafovski".

Additionally, the implementation of the MediciNet II project contributes in particular to the successful achievement of:

- the development strategy of the Region of Eastern Macedonia and Thrace as reflected in its Operational Program as the MediciNet II project ensures:
 - the development of a comprehensive network of high-quality health care services,,
 - the development of new / upgrading the existing healthcare infrastructure,
 - the upgrade of the qualifications of health care professionals to provide high quality healthcare services,
- the development strategy of the Bulgarian Regions, as reflected in the "Regions for Development 2014-2020" Operational Program, as the MediciNet II project ensures both the improvement of healthcare services and the improvement of access and effectiveness of health services for children and the elderly.

The added value of the MediciNet II project is to optimize the efficiency and effectiveness of the healthcare systems of the two countries in the cross-border area by:

- the development and use of new technological applications,
- the procurement and installation of new medical equipment,
- the upgrading of knowledge of human resources in the health sector,

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme

- the adoption of best practices for the provision of high-quality healthcare services and to emergency response

Furthermore, with the implementation of the project and ensuring the sustainable and efficient functioning of the health systems of the intervention area, the level of health and, in general, the quality of life of the general population will be improved.

It is noted that the MediciNet II project is a follow-up to the MediciNet project: "Enhancement of cooperation between Komotini's and Kardjali's hospitals and medical staff for their best response in case of emergency issues focusing on car accidents" successfully implemented by the same partners (General Hospital And the Multi-profile hospital for Active Treatment "Dr. Atanas Dafovski" AD) in the framework of the 2nd Call for Proposals for the European Territorial Cooperation Program "Greece - Bulgaria 2007-2013". This project has also emerged as a high priority project for the upgrading and improvement of health services and infrastructures in the Greek-Bulgarian cross-border area, while during its development it was recognized as a best practice because of its successful implementation and positive impact on local and regional level.

6 Presentation of Best Practices on the Sustainability and Capitalization of European Projects in the Health Sector

The establishment of cross-border cooperation in the health sector is a practice which began to be applied long before the implementation of Directive 2011/24 / EU "Cooperation for Health Care." These collaborations are formed mainly in order to meet the necessity of servicing patients who live in border regions. It is very important to understand both the motivations and the needs that had led to cross-border collaboration. The following questions should be answered:

- Why is this happening?
- Who benefits from this?
- Should this particular action be encouraged?

It is substantial to examine the tools through which institutions are linked to cross-border collaborations. It should be understood how the cooperation works, what is the level of difficulty and which are the necessary sources to be encouraged. The European Community is supportive in relative initiatives. In addition, it is crucial to understand how the cross border cooperation interacts with the context in which it is implemented. There are three dimensions that must be borne in mind: the territorial context, the health system and the political system. All these factors affect the motives and pressures identified in cross-border cooperation.

The study of "good practices" in cases of cross-border cooperation in the health sector is carried out to extract specific conclusions related to the following:

- How the cooperation between hospitals which operate in different contexts could function, and how these differences could be surpassed. How the collaborative institutions handle the problems and difficulties that arise during the course of their cooperation.
- Who is related to the benefits resulting from the cross-border collaboration. It difficult to draw the motivation of partners and organizations cannot easily record them. However, if the required research to the beneficial of the cross-border cooperation is done, the incentives may arise from which the respective collaborations start, and thus obtain a more complete picture of the reasons for which they occur.
- What the role of the European Community is. While there are many collaborations which are named «European" or receive European funding, it should be investigated whether they could be independently performed to the potential aid or to regions outside the European Union.
- What the good examples from which one might benefit by learning are. In order to be able to identify the potential benefits, one should study cases of cross-border co operations from which one could adopt advantages and good practices which have been implemented.

One of the key objectives of cross-border cooperation in the health sector is to establish a balanced relationship between supply and demand in order to improve patients’ mobility in the health system. In addition, the systematization of concurrent utilization methods and practices (which are considered effective and have been developed in an environment other than the particular health provider established in a region), are achieved through the cross border cooperation. Knowledge and experience exchange between cooperating sides could improve their dedication and the results of the project.

6.1 Project Trisan

Table 10: Trisan’s project ID

Title	TRISAN - Optimising cross-border cooperation on healthcare to meet the needs of public authorities and healthcare providers
Object	The creation of a tri-national skills centre to coordinate and develop cross-border cooperation on health
Border area	Upper Rhine between France, Germany and Switzerland
European Programme	Interreg VA – France-GermanySwitzerland 2014-2020
Budget	€801 916
Status	Closed on 30/06/2019
Website	http://www.trisan.org/

TRISAN is a project co-financed by the INTERREG V A Upper Rhine programme. It stems from the collaboration of the AG health-care policy of the German-French-Swiss Upper Rhine Conference and the Euro-Institut. The main objective of the joint-cooperation in the healthcare sector is to encourage cross-border exchanges on health topics, with the aim to support or create stakeholder networks, to encourage the development of cross-border cooperation projects and to optimize cross-border cooperation on healthcare in the Upper Rhine. In order to strengthen this cooperation, the tri-national competency center TRISAN was brought to life.

The tri-national cross-border project TRISAN aims to identify, coordinate and amplify the synergies born of several decades of cooperation on health in the Upper Rhine. It is intended to support administrations and healthcare providers on every side of the borders in order to best structure and develop partnerships and projects.

The idea for the TRISAN project came from the difficulties experienced by the Euro-Institut and its partners when conducting cross-border health projects. Not only do these projects involve rules and protocols which vary greatly from one side of the border to the other, but they also concern multiple administrative levels.

In 2015, in response to the experiences gained in the Upper Rhine area, the institutional partners came together in a healthcare working group to consider setting up a centre to develop cross-border healthcare cooperation in collaboration with the Euro-Institut. During the 18-month-long preparation and development phase, appropriate partners and funding were found for the actual launch of the project.

The TRISAN project was established in June 2016. It created a tri-national skills centre with multiple aims: networking healthcare actors, supporting project design and the

improvement and dissemination of experiences in the matter of cross-border medical knowledge.

The project is organised by the Euro-Institut, on the French side by the Grand-Est regional health authority (ARS), on the German side by the Ministerium für Soziales und Integration Baden-Württemberg, the Regierungspräsidium in Karlsruhe, and the Ministerium für Soziales, Arbeit, Gesundheit und Demografie Rheinland-Pfalz, and on the Swiss side by the Bâle-Ville health department, the cantons of Bâle-Ville, Bâle-Campagne and Argovie, and the Swiss Confederation. The centre opened on 19 December 2016.

Obstacles

Although the partners have known and worked with each other for many years, setting up TRISAN was not straightforward; no cross-border healthcare project is. It appears that health systems differ widely from one side of the border to another, and consequently the parties involved had to work hard to identify and negotiate their common denominators. This solid basis was the essential precondition enabling the operators to plan the implementation of the project. Linguistic and cultural diversity, coupled with the differences in terms of background and working methods, also complicated the process.

Developing and piloting cross-border projects calls for certain aptitudes; for example, openness towards others and a real desire to learn about the neighbouring system. It is essential to show great flexibility and a capacity for innovation. These qualities do not enable to erase the differences between the systems concerned, but rather to overcome them by integrating them into the reasoning and modes of action within these territories.

The added value produced by health cooperation seems easier to identify in the field of research. Firstly, it enables the teams to develop synergies between their strengths; and secondly, it develops the capacity to work collectively. This type of scientific collaboration is a genuinely experimental field.

Key factors for consolidating cooperation

For such dynamics to succeed, it is essential to conceive the health project as a multi-sectoral project, consequently calling for solutions that are at the intersection of the sectors concerned (medical, administrative, policy, insurance, communication, managerial, legal, etc.). Common objectives must be established right from the start, with a continuously developing process of dialogue. The project also requires sufficient longterm political, financial and administrative support.

Communication, both external and internal, is an important aspect. Among the main obstacles identified to local cross-border healthcare is the lack of transparency as to the patient rights and the possibility or not of reimbursement. The low profile of cross-border healthcare is a major obstacle which must be resolved upstream, by disseminating the maximum possible information about current projects and, in particular, their results.

Finally, two other factors are indispensable: commitment and a sense of community. Success often relies on a few key people with unfailing commitment, often of a personal nature. This is both a strength and a weakness for healthcare cooperation, because some of these people may be assigned elsewhere. It is also essential for the project to develop a

feeling of belonging that creates a real sense of community, drawing on methods of win-win cooperation for all the stakeholders, including patients.

6.2 Project INTERSYC

Table 11: INTERSYC’s project ID

Title	INTERSYC Integrated Territorial Synergies for Children Health and Protection
Object	Coordination of activities to improve prevention, protection and health for children and families
Border area	Central Macedonia, eastern Macedonia and Thrace (Greece) and the southern centre and south-west regions of Bulgaria
European Programme	European Territorial Cooperation Programme Greece – Bulgaria 2007-2013 2007-2013:
Budget	€624 362
Status	Closed on September 2015
Website	https://intersyc.eu/

The «Integrated Territorial Synergies for Children Health and Protection-INTERSYC» project was funded by the European Territorial Cooperation Programme "Greece - Bulgaria 2007-2013" and was the big winner of the "Interreg 25 years Project Slam", a competition organised on the occasion of the celebration of the 25th anniversary of Interreg.

The border between Greece and Bulgaria runs through a mountainous region remote from any urban centres. This remoteness causes significant challenges on both sides of the border in terms of public services, in particular in the area of health.

This translates into gaps or even a total absence in healthcare provision in the area. This situation also creates shortfalls in prevention and social protection. It became also apparent that the remoteness was causing an even more serious absence of coordination in case where child abuse or trafficking were observed but not acted upon.

The INTERSYC project (INTegrated TERritorial SYnergies for Children, Health and Protection) was established between 2013 and 2015. It was set up by the organisation The Smile of the Child in coordination with the Bulgarian non-profit association Chance, the Bulgarian Nadja Centre Foundation, the towns of Kavala and Paggaiion (Greece) and the Kardzali regional health inspectorate (Bulgaria).

Bringing together these diverse skills and expertise made it possible to overcome regional isolation. The partnership made it possible to carry out a series of measures, seminars and training courses to improve protection, prevention and healthcare, particularly for children and their families.

The INTERSYC project has included a range of activities targeted on children through three priority axes. The first addresses the emergency situations caused by the disappearance of children, the second concerns prevention and care, and the third offers health and social services to families and children in difficulty.

The first axis targets cases of child disappearance or trafficking. It offers training and knowledge transfer so that people can find information and, above all, it focuses on taking

action when these situations arise. On the Bulgarian side, the use of existing European tools in the field were encouraged, in particular the use of the missing child hotline 116 000 and the coordination platform combining the European Child Alert Automated System (ECAAS) and the Amber Alert system. The Southeastern European Centre for Missing and Exploited Children (SEEC) was also promoted in Bulgaria.

Secondly, INTERSYC develops activities to improve child health, particularly through prevention. This objective is achieved through mobile medical units and specialist visiting staff on both sides of the border. These mobile services include the medical prevention units run by The Smile of the Child, including a unit specialising in ophthalmology, and a mobile multi-clinic called Hippocrates which has audiology, cardiology, paediatric and dentistry departments. These units are intended to provide support to local doctors, especially on the Bulgarian side of the border. Prevention activities have exposed flagrant shortcomings in the prevention of illhealth, and in addition to the medical impact they have uncovered cases of child abuse or neglect. Prevention has therefore been extended beyond medicine into the psychological and social fields.

Finally, the third priority axis targets a more general improvement in the availability of health and social services directed to children and families in difficulty. It offers training courses for staff working with children. In both Greece and Bulgaria, it encourages the setting-up of aid centres for families. Seminars providing first-aid training are offered to volunteers and staff working with children. These courses are based on the commendations and principles of the European Resuscitation Council (ERC) or the Bulgarian Red Cross and are organised in the municipality of Paggaio in Thessaloniki in Greece and in Kardjali and Razlog in Bulgaria.

As part of the preventive medicine activities of the project, 7579 medical examinations were carried out in Greece to a total number of 2,022 children. Respectively preventive medicine actions took place in Bulgaria in the cities Sadanski and Kardjali. The mobile medical unit "Hippocrates", the medical ophthalmologic unit of “The Smile of the Child” and staff of the Greek NGO visited Bulgaria in order to provide support to the local doctors. In Bulgaria, 5.594 medical examinations were undertaken for 1.594 children in total

The project has definitely improved the situation of children and families, but its success does not stop there. In more general terms, it has encouraged public stakeholders, NGOs and associations to collaborate on both sides of the border and together to establish sustainable actions for children. It is interesting to highlight the diversity of the partners who have been involved in setting up this project, including educational institutions, health bodies, and national police services through the ECAAS platform and the fight against the disappearance of children.

The strength and expertise - dating back to 1996 - of The Smile of the Child in Greece, in collaboration with numerous organisations, have enabled the partners to share the know-how and facilities required.

Another key to this success was the fact that The Smile of the Child and the Nadja Centre Foundation in Bulgaria had already worked together for many years in the South Eastern

Europe Centre for Missing/ Exploited Children (SEEC) and that different partners of the same nationality were already working together locally.

The question of capitalising on good practices has also been integrated into the approach by organising training. Social workers now have the necessary knowledge, in particular for the local management of first aid. The dissemination of information about prevention and communication with local populations has been developed, in particular using brochures.

The SEEC, which takes action in missing child cases or child exploitation, has expanded its work in Bulgaria through a National Plan to combat child trafficking headed by the Bulgarian foreign affairs ministry.

6.3 Project Healthy mother and child - a pilot cross-border health care program

Table 12: Healthy mother and child project ID

Title	Healthy mother and child - a pilot cross-border health care program
Object	Improvement of health care for mother and child and thus improvement of quality of life in the PL-LT borderland
Border area	Poland and Belarus
European Programme	2014 - 2020 INTERREG V-A Lithuania - Poland
Budget	€1 000 000
Status	Closed on 31/12/2017
Website	http://lietuva-polska.eu/en/interreg.html

The project of Dr. Ludwik Rydygier Voivodeship Hospital in Suwalki and Hospital in Marijampole is a response to the identified problems of unequal access to high-quality medical services in the PolishLithuanian borderland for mothers and children. It includes the implementation of a pilot cross-border health care program "Healthy mother and child" which, because of its complexity and innovation, should be seen as an added value representing a significant cross-border effect.

The programme is targeted to the population perceiving an unmet need for health care, including people at risk of poverty and social exclusion and includes activities concerning improvement of quality of infrastructure, training courses for medical personnel, cross-border Academy of Health Leaders, preventive examinations for women and children.

The overall objective of the project is to develop the cooperation of healthcare institutions of the Polish-Lithuanian borderland in favour of equal opportunities in access to improved health services for mother and child, and thus improve the quality of life in the region. Objective will be achieved through the implementation of a pilot cross-border healthcare programme "Healthy mother and child."

Overall objective consists of a series of specific objectives, which will be possible to achieve through the implementation of mentioned pilot programme, including:

- increase of awareness of women as well as children and their parents from Polish-Lithuanian borderland area about the necessity of preventive examinations, including in particular diagnostics tests laboratory

- increase of availability of Polish and Lithuanian medical personnel to specialized modern medical knowledge
- enable to exchange experience and good practices among medical personnel of PolishLithuanian borderland area
- increase of quality of medical infrastructure in the field of mother and child healthcare of Polish-Lithuanian borderland area
- increase of access of inhabitants of Polish-Lithuanian borderland area to the preventive examinations, in particular laboratory
- develop active attitudes and integration among the local community for the implementation of local imitative in the area of health promotion, especially for mothers and children
- increase the level of use of the health care system for the promotion and health education
- increase in the level of the inhabitants of the Polish-Lithuanian borderland satisfaction with the quality of healthcare

The project “Healthy mother and child” is an effective innovative tool of improving health care system by combining a wide complex activities, aiming at improvement of quality of infrastructure of PolishLithuanian borderland region, personnel’s increase of medical specialist knowledge, enabling of exchange of experience and good practices, increase of awareness of borderland inhabitants of the importance of preventive examinations for the quality of life, activation of representatives of organizations and communities of borderland region to undertake joint local initiatives in the field of health promotion.

The project is co-financed by the EU within the Interreg V-A Lithuania-Poland Programme 2014-2020. The pilot cross-border health care program is such solution that could be continued in the future in the field of mother and child and other fields of healthcare.

This project provides added value to the project through its complexity, and thus its innovation. It is an effective tool for equal opportunities in access to modern medical services, which consists of an optimal range of actions, i.e. the improvement of infrastructure, specialized training for medical personnel, training workshops to prepare local leaders in the field of health promotion and preventive examinations.

The project can be considered as a good example of successful cross-border cooperation of health care units in the Polish-Lithuanian border area in order to improve the quality of health care. Developed during the implementation of the implementation methods and established contacts should be treated as the basis for further cooperation of the partner institutions of the project, but also to extend this partnership to other health care providers in Poland and Lithuania.

6.4 Healthacross for future

Table 13: Healthacross for future project ID

Title	Healthacross for future
Object	set further steps to improve the quality of life and conditions of life for the population in the border region and to guarantee and expand access to high-calibre health care close to where they life

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme [35]

Border area	Austria – Czech Republic
European Programme	INTERREG V-A Austria – Czech Republic programme
Budget	€1 653 000
Status	Under implementation
Website	-

The main objective of the EU co-funded project "Healthacross for future" between Lower Austria and South Bohemia is to set further steps to improve the quality of life and conditions of life for the population in the border region and to guarantee and expand access to high-calibre health care close to where they live.

The project is co-funded through the INTERREG V-A Austria – Czech Republic programme and it includes all relevant stakeholders from the health sector in the border regions. Regular meetings and events between the project partners guarantee the implementation of the project.

The project focuses on two main pillars:

1. Cross-border health care provision

Bring the benefits of the respective health systems in line with the needs of the local population to allow equal access to medical care on both sides of the border. This is to be achieved by the mutual and optimal use of health infrastructure and resources by focusing on. Main objective is to ensure inpatient cross-border healthcare and expand it to inpatient care for CZ patients.

2. Cross-border health cube

Numerous international scientific studies show a stronger orientation of the health care system towards a decentralized, comprehensive primary health care for Europe. This primary care covers not only the general medical field, but also areas such as physiotherapy, logo therapy as well as the social component. To achieve this, a repositioning of the health professions as well as the establishment of corresponding structural and organizational framework conditions in the extramural care area is necessary. Therefore, the project will plan and prepare a "Cross-border health centre" for the border region.

The main outcomes of the project are:

- Ensuring inpatient cross-border healthcare and expand to inpatient care for Czech patients
- Analyse possibilities of the exchange of medical treatments between Austria and Czech Republic.
- Organise study visits between the participating hospitals for different professional groups
- Analyse opportunities for a long-term cooperation
- Planning and prepare a "cross-border health cube" (= cross-border health / primary health care centre)
- Analyse of performance spectrum, personnel and financial situation for a “cross-border health cube”

The project aimed to provide optimum usability of health services and equal access to health care by all people living in the border region of Lower Austria and South Bohemia (Czech Republic), especially in the “divided” City Gmünd - České Velenice, through close cooperation among health service providers. Especially this region makes evident how cross-border cooperation makes people’s everyday lives easier – after all, the hospital in Gmünd is situated directly on the border – and on the Czech side the nearest emergency doctor’s vehicle is over 30 km away; indeed, the nearest hospital is 60 km away.

The precursor project "Healthacross" was the first large-scale project on cross-border cooperation in health care between an old and a new EU Member State and acts as a model for other border regions and the current EU enlargement. The follow-up project, "Healthacross in practice", enabled Czech patients from the border region of Lower Austria and South Bohemia to have simple and uncomplicated access to medical treatment at the hospital Gmünd in Austria. In the pilot period from 25 February 2013 to 30 June 2013, around 100 Czech patients received outpatient treatment in Austria. The pilot project was institutionalized and now about 4000 Czech patients have received outpatient treatment at hospital Gmünd. The new project “Healthacross for future” will use this already good foundation and will set further step in the field of cross-border health care.

The project serves as a best practice in cross-border healthcare for other regions within Europe. The project partners will share their experiences within their own networks (both nationally and internationally). The lead partner is a member of various European networks and ensures a transfer of knowledge to other regions of Europe. The procedures for medical treatment are available and can be transferred to other hospitals as an example for the transfer of knowledge, as well as the experience gained in in-and outpatient cross-border health care, as well as the planning and preparation of a cross-border health cube.

Key learning points

Since the fall of the Iron Curtain, Lower Austria has moved closely to its neighbours, the Czech Republic and Slovakia. Unfortunately, health care is one of the few aspects of daily life that does not work well in cross-border aspects. Therefore cross-border cooperation is gaining in significance in the health sector. Cooperation arrangements between hospitals can help balance out regional demands and guarantee a better provision of health care to the population to reduce health and social inequalities. It can also help in optimizing costs due to the shared use of resources and a better return on resource investment. By leading and carrying out EU-co-founded projects, Lower Austria, through the Health and Social Fund of Lower Austria (NÖGUS) has not only taken responsibility for its own population but also for the population of the neighbouring regions: It’s not about moving borders, but about reducing their separating character.

6.5 A hospital for the cross-border region: creation of the new Cerdanya Hospital

Table 14: Creation of the new Cerdanya Hospital project ID

Title	The cross-border hospital in Cerdanya
Object	The creation, construction and cross-border management of a hospital in a mountainous area, integrating French and Spanish staff

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme

	and receiving French and Spanish patients under the same conditions
Border area	France-Spain-Andorra - Cerdanya plateau / Montagne Catalan, in the Pyrenees
European Programme	Interreg III; Interreg IVA – France-Spain 2007-2013:
Budget	€28 615 385
Status	Closed
Website	www.hcerdanya.eu

The cross border cooperation project to create the Cerdanya Hospital is the first European new plant configuration initiative that will provide healthcare services to patients of two different countries and health systems.

The idea of creating a new hospital in the border area began in the 1980s. This project would cover the need of the residents of northern Cerdanya for quick access to the hospital. More specifically, the time needed to reach the nearest French hospital in Perpignan, especially in bad weather, could severely burden public health. While access to Puigcerda Hospital was easy, in the early 1990s the French patients were very few.

According to various sources, Catalonia developed the original idea to build a hospital in the cross border area, but no one took seriously the task until the mid 1990s. The reason for reconsidering the idea was the relationship between the director of Puigcerda hospital and the mayor of Puigcerda area. It was observed that there was an increase in the number of hospital visits by French patients without any compensation from the French authorities. Between 1997 and 2002 the number of French patients hospitalized or arrived to the emergency hospital in Puigcerda approximately tripled, while the payment of the proposed compensation was still pending.

This problem was solved with the signing of an agreement between hospitals Puigcerda, Perpignan & the Languedoc – Roussillon Regional Health Agency to make ex post payment of compensation.

A second agreement with the same partners was signed in 2003 (a year after), setting out the relevant procedures for emergencies and births in Puigcerda hospital. These movements for the establishment of the hospital in the border area began in 2002 by the mayors of Puigcerda & Bourg-Madame who submitted a proposal to the French parliament and then approached with serious proposals to other competent institutions. Eventually, after considerable effort, they managed to secure funding from the European Regional Development Fund (ERDF). At the same period, the presidents of the Government of Catalonia and Languedoc - Roussillon signed a letter of intent to prepare a sustainability study for the creation of a new hospital in the Cerdanya.

The elaboration of this study led to some conclusions:

- The project would be viable if there were a joint ownership of the new hospital in the cross border area of Languedoc –Roussillon Regional Health Agency & Catalan Health Service.
- The new hospital would totally replace the Puigcerda Hospital and provide services to acute cases in the entire region of Sardinia.
- It should be established in Puigcerda and provide integrated services to two different administrative directorates.

- It should respect the particularities in the field of culture and health in both countries.

The project was fully supported by both countries because both sides were secured of the achievement of their individual goals. Catalonia would be able to create local hospital network, which was a government priority, utilizing European funds. On the other hand, France would be able to ensure the provision of high quality health services in the remote area of northern Sardinia. This motion coincided with the reorganization of the health system in France.

The elements that concerned the cooperating partners were mainly related to the financial support of the project. It was decided that the operating costs of the hospital for the first five years of operation would be covered by 40% from France and 60% from Spain. The hospitalization costs that should be common to all patients were defined and the number of patients that would visit the unit was determined.

Meanwhile, the French government had to face another major political issue related to its decision to disrupt the operation of treatment/rehabilitation centres for patients with respiratory problems, due to economic factors, while deciding to finance a new hospital. The problem was addressed by entering a new cross-border program within which two new rehabilitation centres would be created in the region, to meet the needs of patients with respiratory problems.

While the project related to the creation of the new unit in the cross border area was being planned, several issues encountered.

The main issue was the way in which "two cultures, two governments and two countries with different political system" might be combined. The obstacles were overcome because there was a commitment from both sides that believed in the feasibility and implementation of this project.

One of these individual subjects was the choice of equipment. In order for the equipment to become commonly accepted, both sides should agree on the non-application of national protocols and the prevalence of scientific criteria, so as there are commonly accepted solutions. Moreover, hospital computing systems should support both the accounting system of France and Spain and would have to operate in three languages. The cost of computing systems of the hospital approached the 1/3 of the total investment for the equipment.

The application of protocols created difficulties in defining the diseases management method. There were significant differences in the way each country chose to deal with specific diseases. It was decided to use the Spanish protocols in obstetrics and French protocols in radiology.

Even the nationality that a newborn child would take was a problem to be solved, since the parents were French and the child was born in Spain

The European Union played a crucial role in the described project, because without the resources of ERDF it could not have proceeded even as an idea.

The construction of the hospital began in 2008 and ended in 2012. The opening was anticipated in early 2013. Its capacity was 64 beds, 11 daily hospital positions, 13 emergency beds, 13 laboratories, 4 utility rooms and a magnetic resonance imaging (MRI) scan. The investment reached 31 million Euros, the total cost of equipment amounted to 10 million Euros of which 3 million related to IT systems. According to the planning for the operation of the unit, 201 people - scientific staff will be employed. This figure is increased by 46% of the staff employed in Puigcerda hospital.

7 Suggestions for utilization of the acquired know-how and experience from the partners

After the implementation of two successful projects MEDICINET I και MEDICINET II projects partners have acquired important experience in project management and the use of EU and national funding for improving their capacity to provide health services for the local population, in the cross border area.

Moreover the proximity of the two hospitals and their good road connectivity are factors that can enhance their cooperation in the future, in order to increase the sustainability of the projects. Moreover the common problems and the similarities both areas face (poverty, social exclusion, aged population etc) make the cooperation in the future necessary.

The cooperation could be related to:

- Training of medical staff
- Training of Nursing and Paramedic staff
- Disease surveillance (infectious disease and chronic disease) in the cross border area.
- Planning and training for mass casualties accidents response in the area of their responsibility
- Planning and training for serious health threats (pandemics, technological accidents and natural disasters)
- Hospital preparedness and share of medical intelligence and information.
- Improvement of Primary Health services in order to limit recourse to specialized Hospital Services.
- Performance of Specialised Awareness Campaigns to the general public about major health hazards in cross-border region. Planning and Implementation measures against harmful habits (smoking, alcohol, etc.)
- Implementing targeted identification of hazards and promoting health protection policies in the fields of education, employment etc. as well as through the action coordination of the social policy institutions operating in these fields
- Development of screening programs for major diseases with high burden in the cross border area like cardiovascular disease and malignant neoplasms.
- Promotion of mental health.

8 Evaluation of interventions and actions proposals that can be implemented by both project partners in order to strengthen their position and optimize the services provided

A modern health system at both national and Regional Health Administration, under the European objectives embodied in the National Strategic Plan for Health, should be governed by the following principles:

- Ensure the economic viability
- Be measurably efficient and effective by providing upgraded health services
- Use and promote using e-health services, utilising technology for better access to health services.
- Have a competent, experienced and well trained staff at all levels and specialties
- Be extrovert and friendly to the environment
- Contribute to increasing the active population of the area of responsibility
- Enhance the protection of citizens against hazardous factors for public health
- Promote the mental health of the citizens of the liability region
- Conduct investigations of risk factors and treatment of diseases and benefit from the results
- Utilise social and health infrastructures to ease the inequalities among the population
- Prioritise the protection of health and not just the management of the disease
- Be effective and combine the quality of the provided services with the efficiency of the system.
- Be flexible with customisation and continuous upgrading without being hampered by cumbersome bureaucratic procedures.
- Be complete - including all levels - and utilise the entire health care staff to the benefit of citizens.
- Ensure workers in the healthcare sector, decent and safe working conditions and adequate remuneration.
- Act rationally, with responsible economic management and not overspending.

In relation to the previous section where the main pillars and strategic objectives for regional institutions in the cross border area were mentioned, they are identified and further analysed at the level of strategic actions, as follows:

Pillar 1: Sustainability of the Health System in the region

The viability of the health system on a regional level involves improving the relation cost – outcome that characterises the current system. This can be achieved by the rearrangement of the health service model, both nationally and regionally. Moreover, the completion of the quality of health services provided to citizens should be ensured by investing in the

field of health in the form of co-financed projects, or other forms, which are characterised by innovation and smart specialisation, simultaneously with the rational operation and management of the services. Administration and the continuous measurement of effectiveness and efficiency (cost compared to the result). Regional inequalities should also be balanced, taking into account the special morphology of the area, the particular demographic characteristics of the population and socio-economic developments in the region as well as in the country.

Strategic Objective 1.1: Ensuring financial sustainability of the health system

- Reinforcement of the Planning Systems, Compilation of Budgets and Monitoring their execution by all Health Units, Regional and Central: Central Electronic monitoring of the implementation of budgets.
- Reinforcement of the Systems and Procedures Internal Control: Strengthen existing processes, implementation (where not applicable) and strengthen the internal audit function at all administrative levels.
- Introduction of modern Procurement Procedures: Standardisation of procurement procedures at central and regional levels, introduction of electronic procurement systems and price monitoring, warehouse management (WMS) and modernisation of the supply chain (Logistics), control consumptions and stocks.
- Control and Restriction measures of Pharmaceutical Expenditure: Introduction of polypharmacy reduction measures and especially the excessive use of antibiotics, introduction of pricing mechanisms that encourage the use of generics, ensuring proper prescription information to patients, staff and insurance institutions for the rational use of medicines.
- Rationalisation of resources employed in order to reduce operating costs through standardisation of the separation of jurisdiction among employees of medical and nursing staff
- Reduce the cost of providing health services by increasing efficiency and effectiveness

Strategic Objective 1.2: Improving the effectiveness and efficiency of the health system and upgrading the quality of provided services

- Determination of Cross-Border Strategy for Health Protection and Empowerment of national regional health institutions: Establishment of a cross border management body in health issues. This body should be staffed by personnel of the local regional institutions in the cross border region, should be self-funded by support from the regional institutions and should essentially monitor and handle the health issues of the regional institutions, both including them and promoting the functioning of the Health Units to across border level.
- Improvement of Primary Health services in order to limit recourse to specialised Hospital Services: Rearrangement of service (types of services and geographical points providing it) corresponding with demand as well as ensuring full and fair access to quality services and providing continuous care to cross-border region citizens. Providing integrated, effective mental health services and introducing the

institution of general practitioners (GPs) and referral system in order to relief the Departments of Emergency and hospital clinics.

- Improvement of Hospital Care: Introduction to modern operating models (business models) in hospitals, review procedures applied. Pilot mergers of laboratory and administrative units of neighbouring cross border hospitals. Evaluating the performance of target-based units.
- Introduction of Health Units Compensation Methods based on Cost or Quality of Provided Services: Introduction of cost referring to activity (Activity Based Costing) in Health units.
- Development and introduction of quality systems both in the hospitals of the region and in primary health care
- Planning and implementation of Measurement and Evaluation System of Effectiveness in the Health Sector.
- Develop Accountability systems (systemic and individual) in providing health services to the citizen
- Support decision-making by systems and processes
- Improve administrative procedures and reduce bureaucracy by modernising management methods
- Measure the performance of development and organisation of hospital
- Monitor implementation of operational planning
- Utilization of biomedical technology
- Enrichment of service and health care
- Reduce waiting lists and increase users’ satisfaction

Strategic Objective 1.3: Digital modernisation of the Health System, Promotion of informatics and e-health services

- Introduce “electronic health” (e - Health) systems and processes: Referring to the Introduction of Systems that support the complete cycle from prevention to diagnosis, treatment, monitoring and management in terms of health and broader lifestyle issues.
- Development of online auction health products.

Strategic Objective 1.4: Upgrading human resources in the Health Sector

- Improvement of a balanced allocation of staff among key business sectors and specialties, as well as regional distribution. Connection with programming in university hospitals and education. Encourage the professional development of staff, introduction of non-financial incentives (working conditions, career planning). Utilisation of databases and developed indicators for the mapping and monitoring of all categories of human resources in relation to the incidents of health units, in order to support long-term planning of their employment, appropriate to the needs of the regions in the area. Create an electronic file of the staff of Health Units by digitising the existing file.
- Collection of the required population, epidemiological and other data that will support programming the staff on the demand side.

- Developing assessment policies of the Medical staff and assessment methodologies of all the staff.
- Planning and implementation of targeted staff training programs in scientific fields, new processes and operating systems, structural reforms, etc. as well as specialised individualized theoretical and practical training programs.

Strategic Objective 1.5: Improving the environmental performance of the health sector

- Support energy efficiency and use of renewable energy sources in the Health Units.
- Promote high efficiency heat and electricity cogeneration in hospitals.
- Effective management of infectious waste.
- Effective management of radioactive pollutants in hospitals

Strategic Objective 1.6: Improving openness of the Health System

- Cooperation with hospitals and institutions outside the cross border area, either within or outside Greece and Bulgaria.
- Epidemiological surveillance.
- Development and consolidation of Health Tourism.
- Determination and application of innovation in the daily operation of hospitals

Pillar 2: Health as an investment in human capital

Investment in health is considered, even with narrow economic terms, as a productive expense that promotes economic growth, mainly through the positive effect on labour productivity, staff attraction in the region and life expectancy. The improvement in environment and work hygiene as well as the investment in prompt prevention assist people in keeping healthy for a longer period, limiting future treatment costs from diseases and contribute to reducing the cost of system maintenance and development. Metrics of the Organisation for Economic Cooperation and Development indicate that an additional year of life expectancy of the population can lead to increased Gross National Product by about 4%. ["Investing in Health"].

Health Ministry of Greece plans to promote the development and monitoring of the Population Health Protection Index (Health Safety Net), a set of indicators that will demonstrate emerging and / or most dominant health risks to the whole population or specific groups. Thus, each health district in the region will be able to develop the hazardous management policies, prevention as well as planning and implementation therapeutic methods as appropriate, which will affect and benefit the entire population of the cross border region. The objective is to maintain citizens’ health at a sufficient level that allows active participation in the productive and social network of the region.

Strategic Objective 2.1. Enhancing Employability and increasing the active population

- Improvement Measures Introduction of the Work Environment and Restriction of Accidents
- Development of management programs of chronic diseases and comorbidity (hypertension, diabetes mellitus, chronic obstructive pulmonary disease)

Strategic Objective 2.2: Improving the defense of citizens against hazardous factors for public health

- Performance of Specialised Awareness Campaigns to the general public about major health hazards in cross-border region. Planning and Implementation Measures against harmful habits (smoking, alcohol, etc.) Implementing targeted identification of hazards and promoting health protection policies in the fields of education, employment etc. as well as through the action coordination of the social policy institutions operating in these fields
- Prompt Prognosis of Hazards related to Health
- Development of screening programs for major diseases.
- Development of impact management programs of environmental hazards on the quality of drinking water, in the subsoil and in the air
- Maximize the coverage of patients’ needs in the range of diseases / therapies and number of patients

Strategic Objective 2.3: Promoting Mental Health

- Remodeling and modernisation of the system providing mental health services
- Connection of Mental Health Centres in primary care.
- Development of psychiatric departments in general hospitals and create post-hospital hostels in selected points of the cross border region
- Development of mental health services for children and adolescents
- Ensuring sustainability for mental health and rehabilitation structures, restructuring and modernizing the service Charter.
- Enact and establish treatment protocols and clinical guidelines.
- Utilization of medical, diagnostic and therapeutic protocols in order to build on the overall experience, to structure the medical service in hospitals and increase control of the operations by the management, and the responsible related institutions (ministries of health and social security funds).
- Promotion of social economy and social enterprises by developing alternative employment and occupational rehabilitation of Mental Health Services Recipients.
- Development of support interventions for the families of the mentally ill.
- Develop and provide specialised mental health services due to new emerging needs as well as establish specialised structures (Alzheimer, autism, etc.).

Strategic Objective 2.4: Utilisation of health system research products to address risk factors and diseases treatment

- Improving the quality of the research results obtained by the systematic research and development in the health sector mainly by entering into lasting collaborations with major pharmaceutical companies
- Pre-standardisation and application (spin off) of the research results, carried out within the National Health Systems and related to advanced diagnostic and therapeutic methods and medical technology products. This aims to address risk factors, stabilise the progression or cure of diseases and therefore the protection and improvement of citizens health in the cross border region.

Pillar 3: Reduce inequalities in health

Nowadays, the population groups with lower income and education level, as well as many of those identified as “vulnerable groups” have lower life expectancy and health level, mainly due to the more difficult conditions of life and serious obstacles in accessing the health services. This phenomenon is more intense in the Bulgarian side of the border region where inequalities are more and the health system is not as modernised and broad as it should. Large disparities in health (apart from the obvious moral problem raised) constitute a huge reason for the decrease of Gross National Product.

Strategic Objective 3.1: Investments in health facilities and other social infrastructure which contribute to reducing regional disparities in the health sector

- Development of specialized structures for the management of pain, hemodialysis units, rehabilitation and recovery centres, Daily Care Units as well as other specialised structures where they do not exist.
- Expansion and upgrading of existing structures and infrastructures

Strategic Objective 3.2: Utilization of innovative technologies to ensure access to health services

- Further development of telemedicine and access of lagging structures
- Complete and implement of telecare systems (introduction of innovative Information Systems for continuous post- hospital tele-care and rehabilitation) through transfer of technology to the Health Units lagging behind

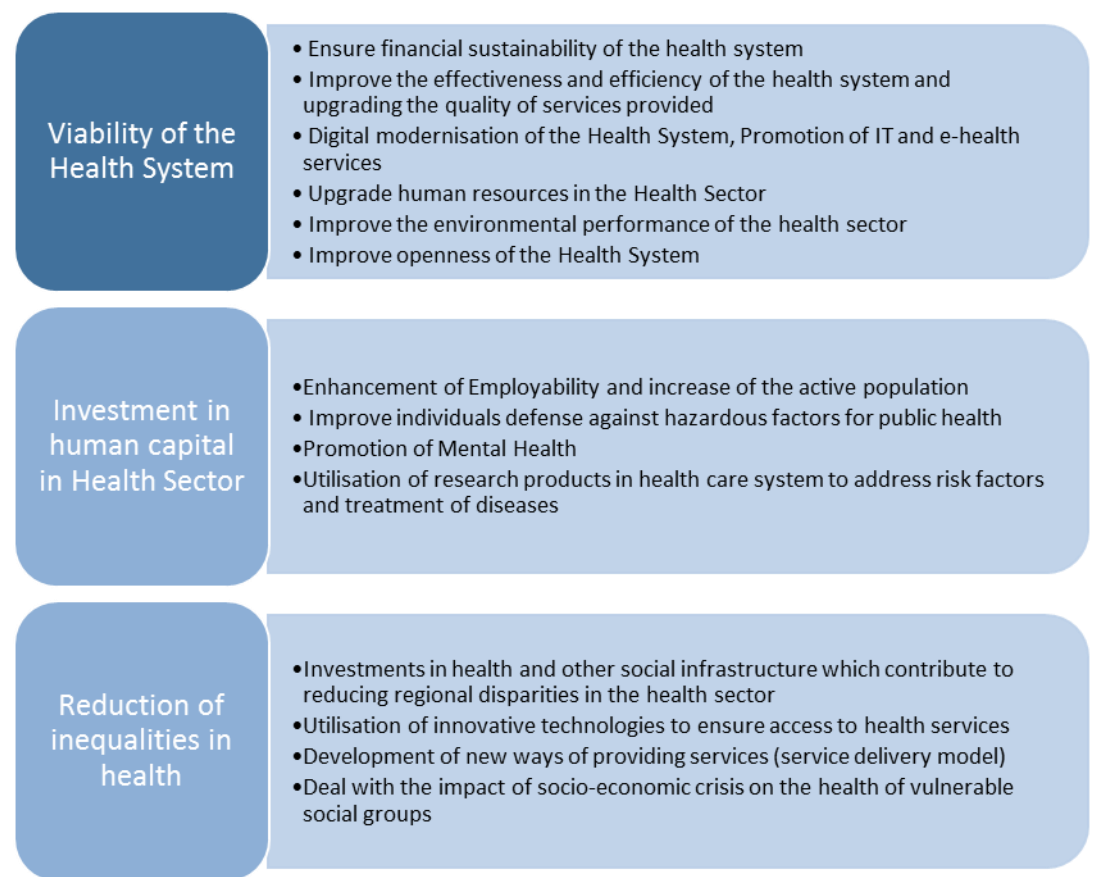
Strategic Objective 3.3: Developing new ways of providing services (service delivery model)

- Further development and specialisation of new healthcare services models (e.g. home care, etc.) in order to facilitate access to quality health services for lower-income and vulnerable social groups as well as to address language and cultural inequalities, which can be based on volunteer movement or utilising alternative ways of funding.
- Strengthening the patient role in health management and adoption of a patient-centred health service model.

Strategic Objective 3.4: Addressing the impact of socio-economic crisis on the health of vulnerable social groups

- Development of education and health promotion programs, management of chronic diseases, preventive screening tests, vaccinations, prenatal screening tests, etc. in selected social groups at increased risk of social-economic exclusion..
- Develop social awareness actions of healthcare personnel (medical, nursing and paramedical) to eradicate discrimination in the provision of services in selected social groups.

Figure 10: Strategic Pillars and Main proposed Strategic Objectives



9 ‘Roadmap’ on the use of national and European funding tools in the field of health for the implementation of the proposed interventions - actions

9.1 Regional Operational Program of Eastern Macedonia and Thrace

The Operational Program (OP) of the Region of Eastern Macedonia and Thrace for the period 2014-2020 was approved by the European Commission on 13 December 2014 with a total budget of EUR 507.7 million in terms of public expenditure, co-financed by the European Regional Development Fund and the European Social Fund.

With a view to addressing the needs and problems and exploiting the potential and advantages of the Region to become a dynamic competitive pole of international reach, the resources of the OP are directed towards the financing of actions within the following four axes Priority Axis, plus Technical Assistance:

Priority Axis	
1	Enhance the competitiveness of the local economy
2	Enhance the attractiveness of the region as place to invest and live
3	Human resources - Social Cohesion
4	Human resources - Social Cohesion

Studying the content of the priority axis, the following specific objectives are particularly relevant:

Priority Axis 2 - Specific Objective 8 "Energy Saving in Public Infrastructure"

Within the framework of the Investment Priority 4c "Supporting energy efficiency, smart energy management and the use of renewable energy sources in public infrastructure, including public buildings, and in the housing sector" and in particular Special Objective 8 "Energy Saving in Public Infrastructures" the aim is to achieve energy savings, notably through interventions for the energy upgrading of public buildings in education, health, and public administration and, secondarily, through energy savings interventions in other public infrastructures (eg street, park, square, etc.) in the context of integrated spatial interventions.

In particular there are foreseen

- Interventions of energy upgrade of public buildings in all sectors (eg Education, Health, Public Administration)
- Interventions for energy upgrading of public infrastructure in the context of integrated spatial investments.

Especially in the context of the implementation of Action 4c.8.1, energy upgrading operations will be stepped up in public buildings where significant energy savings are expected (eg large consumers such as Hospitals, Schools, public gatherings, sports centers, swimming pools, Student Centers , and generally documented buildings have large heat losses).

Priority Axis 3 - Specific Objective 18 "Improvement / upgrading of health and social care infrastructure

Under the Investment Priority 9a "Investments in health and social infrastructures contributing to national, regional and local development, reducing inequalities in the health sector, promoting social inclusion through improved access to social, nature and leisure services and the transition from institutional care to community-based care", and more specifically to Specific Objective 18" Improvement / Upgrading of Health and Social Infrastructures, the aim is to maintain the citizens' health at a high level, which will allow their active participation in the productive and social fabric of the country.

Priority will be given to: health and social care infrastructure in areas where there is a serious under-hindrance and degradation of the services provided to their residents. New infrastructure and equipment will be selected on the basis of a mapping of existing infrastructures and the needs of the region and should be consistent with the policy pursued in the field. Particular attention should be paid to the location of the infrastructure (accessibility, served population, possibility of expansion) in the cost-benefit ratio and in ensuring the necessary staff for its operation.

9.2 Sectoral Operational Programs

Sectoral Operational Programs concern one or more sectors of economic and social life and have a geographical scope throughout the country. In total, NSRF 2014-2020 includes six (6) Sectoral Operational Programs plus Technical Assistance, while Health Bodies are included in the design of three (3) of them, in particular:

- Operational Program of Transport Infrastructure, Environment and Sustainable Development
- Operational Program Public Sector Reform
- Operational Program Human Resources Development, Education and Lifelong Learning

9.2.1 Operational Program of Transport Infrastructure, Environment and Sustainable Development

The Operational Program "Transport Infrastructure, Environment and Sustainable Development" has a total budget of public expenditure of EUR 5.186.665.141. Its goal is to Protect the Environment, to move towards an environmentally friendly economy, to develop, modernize and complement infrastructure for economic and social development.

The programme includes in total 16 priority axes, divided amongst transport and environment. It bases itself upon the following Thematic Objectives:

- Supporting the shift towards a low carbon economy in all sectors
- Promoting climate change adaptation, risk prevention and management
- Preserving and protecting the environment and promoting resource efficiency
- Promoting sustainable transport and removing bottlenecks in key network infrastructures.

Relating to transport, the OP:

- Promotes the completion of part of the infrastructures of the core TEN-T (road and rail) and develops/improves the comprehensive TEN-T (with emphasis on road and rail, but also with focused interventions on ports and airports).
- Promotes combined transportation and the modernisation of the transport system.
- Improves the safety of transportation.
- Develops and expands sustainable and ecological urban transportation (urban transportation of fixed trajectory and other clean modes of surface transportation).

Relating to the environment, the OP:

- Aims to implement important environmental projects and provides compliance to the European Environmental acquis mainly in the sectors of solid waste, waters and waste waters and biodiversity.
- Focuses on the tackling of climate change and flood risk prevention and management.
- Undertakes focused actions in reducing environmental pollution and in particular air pollution and noise.
- Promotes sustainable urban development and promotes smart energy efficiency projects in public buildings and broader use of teleheating.

The Indicative actions related to the Sismanogleio Hospital concern the Support of the transition to a low-carbon economy in all sectors, such as:

- Promotion of low carbon strategies for all types of regions, especially urban ones, including the promotion of sustainable urban mobility, clean urban transport and related mitigation and adaptation measures.
- Supporting energy efficiency, smart energy management and the use of renewable energy sources in public infrastructure, including public buildings and housing.
- Promote the use of high efficiency heat and electricity cogeneration based on the demand for useful heat.

9.2.2 Operational Program Public Sector Reform

This programme aims to support the Greek administration to become coherent, well-coordinated, flexible, outward looking and effective, to restore trust relationship with citizens and businesses providing citizen centred and continuously upgraded services constituting one of the key pillars for the recovery of the country. The program has 3 Priority Axis:

- Strengthening organisational, institutional and operational capacity of public administration and local authorities for the benefit of citizens and businesses.
- Promotion of e-government in the public sector.
- Development of human resources in the public sector, through the rational allocation of human resources, the provision of upgraded services, and training.

The indicative actions foreseen for the health sector under the "Public Sector Reform 2014-2020" are presented below, per investment priority and category of action under the A & B axes:

Impact assessment and sustainability within the project MediciNet II
 “Promoting health on successful grounds: Enhancing hospitals’ cooperation on emergencies”

Investment Priority	Action Category	Indicative actions in the health sector
11i: Investing in the institutional capacity and efficiency of public administrations and services at national, regional and local level in the face of reforms, better regulation and good governance	A.2.1: Implementation actions for reorganization of public sector bodies and improvement of its operation	Strengthening the National Health Insurance Strategy
	A.2.2: Actions to reduce administrative burdens, simplify and standardize services to citizens and businesses	Improving Primary Health Services Provided to Limit Recourse to Specialized Hospitals
	A.3.1: Actions to develop and implement targeting systems for public bodies	Design and Implementation of a Health Sector Efficiency Measurement and Evaluation system
	A.3.2: Actions to strengthen internal control of public sector bodies, transparency and combating corruption	Enhancement of Internal Control Systems and Procedures
2c. Strengthening ICT applications in e-government, e-learning, e-inclusion, e-culture and e-health	B.2.1: Actions to upgrade, develop and operate ICT tools to provide e-services to citizens	Primary Health Care Information System and Development of Patient Electronic File, Introduction of Modern Procurement Procedures - Purchasing Awareness

9.2.3 Operational Program Human Resources Development, Education and Lifelong Learning

The operational programme "Human Resources Development, Education and Life Lifelong Learning" for the implementation of the European Social Fund and the Youth Employment Initiative (YEI) in Greece aims to tackle unemployment, focusing on creating quality education opportunities, skills upgrading and sustainable employment for all and with a view to enhance social cohesion. Its total volume is €2.104 billion of which €1.933 billion from the ESF budget and €171 million from the Youth Employment Initiative. The programme will contribute directly or indirectly to the national objectives for employment, education and combating poverty as part of the development strategy of the Europe 2020 Strategy which in particular aims to increase the employment rate to 70%, reduce the number of people at risk of poverty or social exclusion by 450,000, reducing early school leaving to 9.7% and achieve a tertiary attainment rate of 32%. More specifically, the programme promotes employment and supports labour mobility (53% of total funding), invests in education, skills and lifelong learning (43%), and marginally promotes social inclusion and combating poverty (3%) since such actions will be covered by the 13 Regional operational programmes and finally technical assistance (1.7%).

The Project is co-funded by the European Regional Development Fund and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme [52]

Under the Investment Priority 8i "Access to employment, including the long-term unemployed and long-term outside the labor market, including job seekers and inactive people, including through local employment initiatives and supporting the mobility of the workforce", and namely the Specific Objective 8.1i "Access of the unemployed to employment, with emphasis on long-term unemployed, women, and unemployed aged 30 to 44" is including the type of action "Social Work Program".

Among the priority areas of these programs are the improvement of health services provided: health infrastructure cleanliness, public service, information system support and digital modernization of the health system

9.3 Territorial Cooperation Programmes

9.3.1 Interreg V-A "Greece - Bulgaria 2014-2020" Programme

The Cooperation Programme “Greece-Bulgaria 2014-2020” was approved by the European Commission on 09/09/2015 by Decision C(2015) 6283. The total budget (ERDF and national contribution) for the European Territorial Programme “Greece-Bulgaria 2007-2013” is €129,695,572.00. The total financing consists of €110.241.234,00 (85%) ERDF funding and €19.434.338,00 (15%) national contribution. The eligible area of the Programme consists of the Region of Eastern Macedonia-Thrace (Regional Units of Evros, Kavala, Xanthi, Rodopi and Drama) and the Region of Central Macedonia (Regional Units of Thessaloniki and Serres) in Greece and the South-Central Planning Region and South-West Planning Region (Districts of Blagoevgrad, Smolyan, Kardjali and Haskovo) in Bulgaria.

The programme Interreg V-A Greece-Bulgaria aims to increase entrepreneurial activity in the eligible area and to improve SME capacity to expand beyond local markets. Furthermore, the programme will improve cross-border cooperation in flood risk management and will develop and promote the border area's cultural and natural heritage for tourist purposes. Additionally, the foreseen actions will lead to better joint surface and groundwater management systems and will improve cross-border accessibility leading to reduced travel times for people and goods as well as improved traffic safety. Finally, the programme aims to expand social entrepreneurship in the border area leading to increased employment in social enterprises and increased delivery of social services to communities with poor socio-economic indicators.

The program has four (4) Priority Axis:

1. A Competitive and Innovative Cross-Border Area
2. A Sustainable and Climate adaptable Cross-Border area
3. A Better interconnected Cross-Border Area
4. A Socially Inclusive Cross-Border Area

Particular interest has the investment priority 9a

Thematic objective: Promoting social inclusion, combating poverty and any discrimination

Investment priority: Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health

status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services

Specific objective: To improve access to primary and emergency health care (at isolated and deprived communities) in the CB area

The purpose of the CP is to improve the effectiveness of the primary health care system - which exhibits a better territorial and social coverage than secondary and tertiary health care and hence covers better deprived communities - in order to divert a significant volume of health care services from hospitals to primary care facilities and indirectly manage to provide better health coverage to remote and/or socially excluded communities. As such it concentrates on actions that promote the quality and efficiency of primary care services and actions of CB added value such as tele-medicine and mobile health services.

Types of Actions:

- Support centres of reference (for health threats, rare diseases, organ donation) and develop joint cross-border plans and principles for the sharing of
- human and information resources;
- Promote cooperation between healthcare authorities by implementing the shared use of resources and expertise in the cross-border healthcare
- provision wherever added value can be achieved;
- Support to renovation and equipping of existing and new primary health care practices in CB areas with serious limitations in access to primary
- health care;
- Development of cross-border mobile services, telemedicine and telecare infrastructure and other technology-oriented health care provision methods will be supported, in order to alleviate the local lack of healthcare workers;

9.3.2 Interreg V-B "Balkan-Mediterranean" Programme

The Transnational Cooperation Programme (TNCP) “Balkan-Mediterranean 2014-2020” supports the sharing of experiences, knowledge and the improvement of public policies between national, regional and local authorities and other territorial actors of eligible regions of the Balkan- Mediterranean area.

It includes regions from three (3) different EU countries and two (2) candidate countries.

The Programme is co-financed by the European Regional Development Fund (ERDF) as well as by the Instrument of Pre-Accession Assistance (IPA) and has a total budget of 39.727.652,11 millions of Euros for the 2014-2020 programming period.

Its main purpose is to contribute to the long term development of the Balkan-Mediterranean area and strengthen transnational cooperation between regions and participating countries

The Programme focus on two main priorities:

- "Entrepreneurship and Innovation" promoting entrepreneurship and targeting the innovation capacity of SMEs.
- "Environment" focusing on an efficient management of the natural ecosystem and of the resources within the waste sector, the soil and the water sector.

Particular interest has the investment priority 6F: Promoting innovative technologies to Improve environmental protection and resource efficiency in the waste sector, water sector and with regard to soil, or to reduce air pollution / specific objective 2.2 Sustainable territories: fostering transnational cooperation for resource efficiency and climate change resilience

Joint development of integrated strategies and tools to reduce the use of resources, enhancing their efficiency and decoupling economic growth from resources consumption;
Joint elaboration of inter-sectoral resource management plans to promote climate change resilience, resource and energy efficiency, renewable energy,

Implementation of innovative pilot and demonstration projects in the field of energy efficiency, renewable energy, material life cycle, soil protection also from long chemical treatments that consist a continuous threat of environmental balance and resources’ pollution, air pollution, pollution of groundwater, considering among others, alternative and environment-friendly technologies

9.3.3 Interreg V-B "Mediterranean (MED)" Programme

The MED transnational programme supports the sharing of experiences, knowledge, and the improvement of public policies between national, regional and local authorities and other territorial actors of eligible regions of the MED area.

It includes 57 regions from 10 different EU countries and 3 candidate countries. It is co-financed by the European Regional Development Fund (ERDF) with 224,322,525 € ERDF for the 2014-2020 period.

The main purpose of the MED Programme is to contribute to the long term development of the Mediterranean area and strengthen transnational cooperation between regions and participating countries. This objective will be supported by the implementation of the following 4 priority Axes:

- Priority axis 1: Innovation capacity
- Priority Axis 2: Low-carbon economy
- Priority Axis 3: Environment
- Priority Axis 4: Enhancing Mediterranean governance

Particular interest has the Specific objective 2.1 Upgrading skills to better manage energy in public buildings at transnational level.

9.4 Third Health Action Program 'Health for Growth'

The Health Programme is a funding instrument to support cooperation among EU countries and underpin and develop EU health activities. The legal basis for the Health Programme is agreed with the European Parliament and the Council for a period of several years. The EU Health Programme outlines the strategy for ensuring good health and healthcare. It feeds into the overall Europe 2020 strategy which aims to make the EU a smart, sustainable and inclusive economy promoting growth for all – one prerequisite for which is good health.

The general objectives of the project are:

- Improve the health of EU citizens and reduce health inequalities
- Encourage innovation in health and increase sustainability of health systems
- Focus on themes that address current health issues across Member States
- Support and encourage cooperation between Member States

With a budget of €449.4 million and throughout 23 priority areas, the Health Programme serves four specific objectives:

1. Promote health, prevent disease and foster healthy lifestyles through 'health in all policies',
2. Protect EU citizens from serious cross-border health threats
3. Contribute to innovative, efficient and sustainable health systems
4. Facilitate access to high quality, safe healthcare for EU citizens.

The operational objectives are:

- Identify, disseminate and promote the up-take of evidence-based and good practices for cost-effective disease prevention and health promotion activities
- Identify and develop coherent approaches and implement for better preparedness and coordination in health emergencies
- Identify and develop tools and mechanisms at Union level to address shortages of resources, both human and financial, and facilitate the voluntary up-take of innovation in public health intervention and prevention strategies
- Increase access to cross-border medical expertise and information for medical conditions of low prevalence, high specialisation or rare diseases
- Facilitate the application of research results and developing tools towards quality healthcare and patient safety
-

9.5 European ERASMUS + Program

Erasmus+ is the EU's programme to support education, training, youth and sport in Europe. Its budget of €14.7 billion will provide opportunities for over 4 million Europeans to study, train, and gain experience abroad.

Set to last until 2020, Erasmus+ doesn't just have opportunities for students. Merging seven prior programmes, it has opportunities for a wide variety of individuals and organisations.

The aim of Erasmus+ is to contribute to the Europe 2020 strategy for growth, jobs, social equity and inclusion, as well as the aims of ET2020, the EU's strategic framework for education and training.

Erasmus+ also aims to promote the sustainable development of its partners in the field of higher education, and contribute to achieving the objectives of the EU Youth Strategy.

Specific issues tackled by the programme include:

- Reducing unemployment, especially among young people
- Promoting adult learning, especially for new skills and skills required by the labour market.

- Encouraging young people to take part in European democracy
- Supporting innovation, cooperation and reform
- Reducing early school leaving
- Promoting cooperation and mobility with the EU's partner countries

The specific objectives pursued by the Erasmus+ Programme in the field of education and training are to:

- improve the level of key competences and skills, with particular regard to their relevance for the labour market and their contribution to a cohesive society, in particular through increased opportunities for learning mobility and through strengthened cooperation between the world of education and training and the world of work;
- foster quality improvements, innovation excellence and internationalisation at the level of education and training institutions, in particular through enhanced transnational cooperation between education and training providers and other stakeholders;
- promote the emergence and raise awareness of a European lifelong learning area designed to complement policy reforms at national level and to support the modernisation of education and training systems, in particular through enhanced policy cooperation, better use of EU transparency and recognition tools and the dissemination of good practices;
- enhance the international dimension of education and training, in particular through cooperation between Programme and Partner-Country institutions in the field of VET and in higher education, by increasing the attractiveness of European higher education institutions and supporting the EU's external action, including its development objectives, through the promotion of mobility and cooperation between Programme and PartnerCountry higher education institutions and targeted capacity building in Partner Countries;
- improve the teaching and learning of languages and promote the EU's broad linguistic diversity and intercultural awareness

The specific objectives pursued by the Erasmus+ Programme in the field of youth are to:

- improve the level of key competences and skills of young people, including those with fewer opportunities, as well as to promote participation in democratic life in Europe and the labour market, active citizenship, intercultural dialogue, social inclusion and solidarity, in particular through increased learning mobility opportunities for young people, those active in youth work or youth organisations and youth leaders, and through strengthened links between the youth field and the labour market;
- foster quality improvements in youth work, in particular through enhanced cooperation between organisations in the youth field and/or other stakeholders;
- complement policy reforms at local, regional and national level and to support the development of knowledge and evidence-based youth policy as well as the recognition of non-formal and informal learning, in particular through enhanced

policy cooperation, better use of EU transparency and recognition tools and the dissemination of good practices;

- enhance the international dimension of youth activities and enhance the capacity of youth workers and organisations in their support for young people in complementarity with the European Union's external action, in particular through the promotion of mobility and cooperation between stakeholders from Programme and Partner Countries and international organisations.