

«Πολιτικές για την ενίσχυση της πρόσβασης σε υπηρεσίες υγείας σε υποβαθμισμένες περιοχές»

(“Policies for Enhancing Access to Health Services in Deprived Areas”)

“The Healthy Municipality”

Κωδικός ΟΠΣ: 5011021

Webpage: healthymunicipality.com

Παραδοτέο 6.1.4

Setting Up Cross Border Lab on Prevention and Primary Health Policies - The Business Plan of the Cross Border LAB



Αναπτυξιακή Ροδόπης
Regional Development Agency of Rodopi

Το Έργο συγχρηματοδοτείται από το Ευρωπαϊκό Ταμείο Περιφερειακής Ανάπτυξης και από εθνικούς πόρους των χωρών που συμμετέχουν στο Πρόγραμμα Συνεργασίας Interreg V-A “Greece-Bulgaria 2014-2020”



Περιεχόμενα

PREFACE.....	3
INTRODUCTION	4
THE CROSS BORDER (CB) LAB	5
INDICATIVE SUBJECTS OF THE LAB	7
THE BUSINESS PLAN OF THE LAB.....	13
I. Enriching Perception of Health.....	13
II. Mainstreaming and Improving Application of Local Health Plans	16
III. Responding to Selected Needs/ Shortages of specific areas of application	22
IV. Disseminating experience and results.....	30



PREFACE

The present study was prepared by the Regional Development Agency of Rodopi ANRO S.A. with inputs from Project Beneficiary (PB) 5 – Transcoop - Agency for Transnational Training and Development in the framework of the project "**Policies for Enhancing Access to Health Services in Deprived Areas - The Healthy Municipality" Municipality**", implemented as a project of the INTERREG V-A Cooperation Programme Greece – Bulgaria 2014 – 2020, with the MIS Code 5011021.

The aim of the aforementioned project is the design of prevention policies in the health sector as well as their pilot testing at the level of the Local Government of 1st degree.

The project primarily focuses on remote areas, thus contributing to upgrading the health services provided to the people of the specific areas and to improving their quality of life.

The following organizations participate as partners in the specific project:

- The Regional Development Agency of Rodopi - ANRO S.A. of the Local Government (GR), as coordinating partner (LB)
- The Aristotle University of Thessaloniki – Department of Economic Sciences (GR)
- The Municipality of Arriana in the Regional Unit of Rodopi (GR)
- The Municipality of Iasmos in the Regional Unit of Rodopi (GR)
- The Agency for Transnational Training and Development – TRANSCOOP (GR)
- The Regional Directorate of Health Haskovo (BG)
- The Union of Rhodope Municipalities (BG)
- The Municipality of Krumovgrad (BG) and
- The Municipality of Momchilgrad (BG).

Within the framework of the project, the planning and implementation of pilot actions are foreseen to be carried out in the Municipalities of Arriana and Iasmos in the Regional Unit of Rhodope in Greece, and in the Municipalities of Krumovgrad and Momchilgrad in Bulgaria. Among others, the project aims to form upon its completion a cross-border network of Local Authorities, administrative bodies and the scientific and research community. Subject of the specific cross - border network (CB Lab) is to pursue to processing problems and formulating proposals in the field of health prevention, so as to contribute to the substantial improvement of the living conditions of the residents and to the social and economic development of the particular areas.

The project outputs, its conclusions and the methodological tools to be developed within the "Healthy Municipality" project are planned to be designed in a way that they can be possibly transferred to any other region of the two countries participating in the Greece – Bulgaria programme, and beyond.



INTRODUCTION

The purpose of this document is to assist the Project Beneficiaries (PBs) of the “Healthy Municipality” project in taking initiatives towards local prevention policies in the health sector in the project aftermath.

In particular, the Cross Border Lab, foreseen as Deliverable 6.1.4 of the specific project, is planned to evolve to a mechanism for enhancing the sustainability of the project and its achievements after its completion.

Once PBs have compiled studies on the socio- economic characteristics of the project areas, developed tools, designed local health prevention policies and tested them on the ground, they are called to utilize and mainstream their achievements. Considering, however, that most of the effort during the implementation of the project is primarily devoted to developing innovative tools and policies, further work and resources are needed for integration and mainstreaming of results. Moreover, as health and notably prevention in health is in fact a new area for the competences of the Local Authorities, main actors within the specific context, extended communication work and effort are needed so as for them to integrate the project results in their operations.

Under this aspect, the CB Labs, aimed at keeping on the “Healthy Municipality” effort after the project completion, are planned to function as a mechanism for providing inputs to the main players of the Healthy Municipality, the Local Authorities, as well as a platform for coordinating and empowering the local and the cross border work.

In this vein the CB Lab is conceived as a twofold instrument, as an institution to keeping up alive the interest of the PBs on enhancing local prevention policies on the one hand, while on the other, as a mechanism for providing content and generating ideas on policies and actions in the same sector.

To this end the present document describes the potential operation mode of the CB Lab, suggests topics for discussion on its sessions as derived from the project experience and makes indicative cost estimates of the proposed actions along with potential sources of funding.



THE CROSS BORDER (CB) LAB

The CB Lab is viewed as a body operating on a voluntary basis with the aim to promoting health at local level and contributing to improve prevention in the health sector¹. The CB Lab is an action aiming at the aftermath of the project “The Healthy Municipality” as it builds on the gained knowledge and experience during its lifetime and pursues to utilize the developed tools and methodologies.

The operation of the Lab is planned on two axes. The first one regards the continuation and empowerment of the “The Healthy Municipality” partnership, while the second one aims at enhancing the application of schemes and policies on the ground.

With regard to the first Axis: Continuation and Empowerment of the “Healthy Municipality” partnership

The particular Axis should primarily take the form of regular meetings between the project beneficiaries of the specific project. Local key stakeholders in the health sector should be provided the possibility to join the network in dependence on their readiness and involvement in the application of actions.

The network should convene twice a year either in physical form or via a digital communication platform.

The structure of the meetings should contain two parts. The **first part** should be devoted to internal to the network issues.

Mutual briefing on activities undertaken by the members of the network, exchange of experiences and ideas, discussion on problems occurred, coordination of work and planning of future work should be the content of the specific part of the first Axis. Moreover common actions for funding of the Lab activities should be subject of the particular sessions.

Expenditures linked to the specific action should be covered at a first stage by resources of the partners of the network.

With regard to the **second part**, it is expected to be extroverted. In particular experts should be invited to the sessions of the Lab in order to contribute to the various issues of interest as prioritized by the network. The experts are expected to enrich the knowledge level of the Lab participants, as well as to suggesting solutions to envisaged problems. Considering the various perceptions of prevention in health, broadening the current understanding of prevention and contributing to applying integrated policies for prevention should be a substantial topic.

¹For more information on the CB Lab, see deliverable 6.5.4 “Setting up Cross Border Lab on Prevention and Primary Health Policies”



As the specific part of the Lab sessions should be of general interest and might contribute to raising awareness and motivating stakeholders and the local communities, the specific part could take the form of events open to the public.

Expenditures related with the specific activity should be covered either by volunteering or by sponsors. Municipalities may provide their premises and equipment when open events will be organized.

The second axis of the CB Lab concerns a series of broader subjects related to the application of prevention policies, as emerged from the project implementation, which might be potentially launched at the level of the Municipalities by the Lab members.

The main entities of subjects on this axis of the Lab could be delineated as follows:

- I. Enriching perception of health**
- II. Mainstreaming and Improving application of Local Health Plans**
- III. Responding to Selected Needs/ Shortages of specific areas of application**
- IV. Increasing capacities and impact of local action in Health Prevention**
- V. Disseminating experience and results.**



INDICATIVE SUBJECTS OF THE LAB

In line to the above objectives some indicative subjects for the Lab to work on, may be the following:

I. Enriching perception of health

A. Making the local stakeholders in each area familiar with the contemporary (modern) perceptions on preventive health policies, on designing and applying local health plans, e.g.

In particular:

- on approaching the quality and the standards of health services that make up a **modern and efficient primary local health policy**
- on the importance of **building local support groups of local politicians** concerned with health, **health care professionals** especially those concerned with primary care and health promotion, **community groups interested in health** issues, **academics** with background in health, social policy etc.
- on the importance of **setting priorities in health interventions** and include objectives, strategies, measurable targets to achieving goals
- on the importance of the **inter-sectoral action** with organizations working outside the health sector which can expand their activities so that they also contribute to the community health
- on the importance of the **community participation**, as people participate in health through their lifestyle preferences and their use of health care. In broader terms they also participate by expressing opinions that influence political and managerial decisions, working through voluntary organizations, or associations.

II. Mainstreaming and Improving application of Local Health Plans

B. Consultations on Improving Application of Local Health Plans

In Particular:

- Encouraging Local Authorities to **build up structures for monitoring and designing health plans**
- **Examination** of the annual reviews on the **monitoring and evaluation** of the health plans' implementation, propositions for the next steps to be taken



C. Support to local authorities on implementing effective health prevention initiatives such as:

Active Aging

According to the World Health Organization (WHO) Active Aging is "the process of optimizing the opportunities for health, for participation and for safety in order to improve the quality of life as people age". Active aging enables people after retirement, to live in prosperity and to be active in society. Studies suggest that volunteering in the Third Age leads to better physical and mental health and to more years of life, even with good quality of life. In addition, there seems to be a correlation between volunteering in the Elderly and reducing depression. Other research shows that people with chronic health problems seem to benefit more from volunteering. As for projects that enhance socialization and provide entertainment for the elderly, the benefits are also very significant. Also, learning programs on computer use and other electronic devices can be promoted to adapt the specific social groups to new lifestyles, to provide digital services to them and ultimately to reduce their isolation and exclusion.

Active Schools

The fundamental aim of Active Schools is to offer children and young people the opportunities and motivation to adopt active, healthy lifestyles, now and into adulthood. Through physical education and health programs, schools provide instruction for skill development and educate young people about healthy, active lifestyle choices.

A network of volunteers, coaches, and teachers can be set up to deliver physical activity and sport before, during and after school, and to the wider community.

Healthy Lifestyle Training

Lifestyle diseases include heart diseases, obesity, diabetes of type 2, atherosclerosis, depression and diseases associated with smoking, alcohol and use of drugs. Diet and lifestyle are major factors thought to influence susceptibility to many diseases. Drug use, tobacco smoking, and alcohol consumption, as well as lack of physical exercise also increase the risk of developing certain diseases, especially in later life.

Raising awareness and providing information, training programs, individual and group support are some effective activities for healthy lifestyle.

Promotion of volunteering in general

E.g. on actions enhancing local health with relevance to light physical exercise, cultural activities, on mobilizing school teachers etc.



III. Responding to Selected Needs/ Shortages of specific areas of application

D. Support on Improving Competences of employed medical staff

The Healthy Municipality project recorded a. o. shortages in medical staff and in competences of the employees in the local health system.

Hence need for improving efficiency and specialization of employed personnel is crucial for upgrading operation of the local public health structures. To this end, enhancing the specialization of the staff via an internet training platform may essentially contribute to the improvement of the provided services and the quality of the system operation.

This digital platform should be addressed to both the medical and the community staff of the local actors, concerning special needs, e.g. training modules on first treatment of emergency cases for the medical staff, on treatment of frequent in the area diseases, e-training modules for the municipal staff in social services on factors affecting frequent in the area diseases etc.

E. Helping Staff to Accessing Support by Experts

New technologies have profound effects on the provision of health services. **Telemedicine** can provide access to specialist expertise by transmitting medical images and clinical data or descriptions to off-site facilities that support diagnosis and can propose treatment options. **The impact of these is particularly important in primary care**, given the ways in which they can dramatically increase the capacity of health personnel who have limited medical education (for example, community health workers). However, it is also important to note that telemedicine requires medical technologies at both ends and involves specific concerns on data management and legal responsibilities between the practitioner on site and the specialist off site.

In the above context, proposals on ICT initiatives to improving performance, e.g. in form of telemedicine or tele diagnosis could be prepared by the Lab.

IV. Increasing capacities and impact of local action in Health Prevention

F. Suggesting schemes to local authorities on coordinating different medical, health and social services acting in their area



The health interventions in the area are fragmented. There is no comprehensive policy on health. Different actors are active in the same population group without interconnection between them, such as the health ministry services, the municipal health directorates, the services of the “Help at Home” program, or the services of the Public Health Service of the Regional Authority. In the light of increasing the impact of local action in the health sector the Lab should take the initiative to supporting the coordination between those actors. Latter shall lead to broadening the basis of local health service providers, to improving the quality and efficiency of services, to upgrading the health state of the local population by utilizing and taking advantage of the already operating actors.

V. Disseminating experience and results

G. Taking initiatives for disseminating experience and results of the “Healthy Municipality” achievements and the CB Lab, such as:

- Establishing specific area on the Lab activities on the web site of the Healthy Municipality Project and creating link to it
- Broadening list of recipients of Lab material
- Involving more local actors and experts in Lab activities
- Broadening participants’ audience at Lab interventions

The objectives, indicative subjects and actions of the CB Lab are summarized in the **table below**.

Objectives	Indicative Subjects for the Lab	Actions
I. Enriching perception of health	A. Making the local stakeholders in each area familiar with the contemporary (modern) perceptions on preventive health policies, on designing and applying local health plans, e.g.	A1. Workshops <ul style="list-style-type: none"> • on approaching the quality and the standards of health services that make up a modern and efficient primary local health policy • on the importance of building local support groups • on the importance of setting priorities in health interventions • on the importance



Objectives	Indicative Subjects for the Lab	Actions
		of the inter-sectoral action <ul style="list-style-type: none"> on the importance of the community participation
II. Mainstreaming and Improving application of Local Health Plans	B. Consultations on Improving Application of Local Health Plans C. Support to local authorities on implementing effective health prevention initiatives	B1. Encouraging Local Authorities to build up structures for monitoring and designing health plans B2. Examination of the annual reviews on the monitoring and evaluation of the health plans' implementation, propositions for the next steps to be taken C1. Workshops on effective Prevention initiatives to take, such as: Active Aging, Active Schools, Healthy Lifestyle Training, Promotion of volunteering
III. Responding to Selected Needs/ Shortages of specific areas of application	D. Support on Improving Competences of employed medical staff E. Helping Staff to Accessing Support by Experts	D1. Assessment of provided qualification of medical staff vs population needs D2. Proposal e.g. for developing an internet based distance training platform to adapting qualifications of medical staff to the local needs E1. Proposals on ICT initiatives to improving performance, e.g. in form of telemedicine or tele diagnosis
IV. Increasing capacities and impact of local action in Health Prevention	F. Suggesting schemes to local authorities on coordinating different medical, health and	F1. Consultations on coordinating activities of municipal health services, services of e.g. the "Help



Objectives	Indicative Subjects for the Lab	Actions
	social services acting in their area	at Home” program, services of the Public Health Service, of the Regional Authority.
V. Disseminating experience and results	G. Taking initiatives for disseminating experience and results of the “Healthy Municipality” achievements and the CB Lab	<p>G1. Establishing specific area on the Lab activities on the web site of the Healthy Municipality Project and creating link to it</p> <p>G2. Broadening list of recipients of Lab material Involving more local actors and experts in Lab activities</p> <p>G3. Broadening participants’ audience at Lab interventions</p>



THE BUSINESS PLAN OF THE LAB

I. Enriching Perception of Health

ACTION A.1 Workshops on modern and efficient primary local health policy

Objective to which the Action responds: I. Enriching perception of health

Subject of the Lab to which the Action responds: A. Making local stakeholders in each area familiar with the contemporary perceptions on preventive health policies, on designing and applying local health plans, e.g. competences of the Local Government in the health sector, Resources and potential of Municipalities for health prevention etc.

Brief Description of the Action

Recent, new approaches on preventive health policies, point out **new areas for action to improving the people's health. Moreover the importance of the local level in the specific sector is stressed.**

Examples:

The **Copenhagen Consensus** of Mayors: **“Healthier and happier cities for all”² sets out six areas for action to improve the health and wellbeing of citizens: people, places, participation, prosperity, peace, and planet.**

The **Declaration of Astana**, “From Alma-Ata towards universal health coverage and the Sustainable Development Goals”³ highlights that a primary health care approach includes three components:

- **meeting people's health needs** throughout their lives;
- **addressing the broader determinants of health** through multisectoral policy and action; and
- **empowering individuals, families and communities to take charge of their own health.**

² The transformative approach for safe, inclusive, sustainable and resilient societies (13 February 2018 | Copenhagen, Denmark)

³ Global Conference on Primary Health Care, Astana Kazakhstan, 25 and 26 October 2018



and notices that the success of primary health care will be driven by⁴:

- **Knowledge and capacity-building**
- **Human resources for health**
- **Technology**
- **Financing.**

WHO in its publication on “**A multilevel governance approach to preventing and managing noncommunicable diseases**” describes the most prominent shared common risk factors of the four major Non Communicable Diseases -NCDs (cardiovascular diseases, diabetes mellitus, cancers and chronic respiratory diseases): **tobacco use, unhealthy diet, low physical activity, alcohol misuse and mental stress and a disadvantaged socioeconomic environment**⁵ and points out that **Cities are in prime position to support people living with NCDs, to co-create health with patients and communities, build health literacy foster empowerment and, through adopting evidence-based interventions, build physical, socioeconomic and cultural environments that tackle NCD risk factors.**

The above approaches (as well as other new approaches on health) will be discussed with **the local stakeholders of each area** so that they can be integrated into their plans.

In addition, as a local health plan is the Key tool for improving health in an area, the Lab will promote the value of the concept of the **health development plan** and especially of the **Municipal health development plan**, as health and well-being must be central in the municipal development strategies. The production of a local health plan requires processes which include all relevant sectors and levels of government together with the local people⁶. **Political commitment** remains fundamental to the health plan implementation, **inter-sectoral action is essential**, as health is influenced by the actions and decisions of most sectors that have to cooperate in the implementation of a health plan, actively participating communities (**community participation**) are key partners in setting priorities and implementing decisions and the Lab has to encourage the Municipalities to strengthen leadership and participatory governance for health.

According to the above:

⁴ Declaration of Astana, Global Conference on Primary Health Care, “From Alma-Ata towards universal health coverage and the Sustainable Development Goals” Astana Kazakhstan, 25 and 26 October 2018

⁵ <http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/noncommunicable-diseases>

⁶ WHO 1996



Four (4) two day workshops will be organized in the 4 areas (Arriana, Iasmos, Krumovgrad and Momchilgrad) of the Healthy Municipality Project.

Each workshop will include the following topics:

1st Day of the Workshop

- Presentation of new approaches on preventive health policies
- Areas for local government action
- Presentation of Key “areas” for success.

2nd Day of the Workshop

- Designing and applying Health Plans (importance of Municipal Health Plans)
- Researches on Areas’ health profiles
- Setting priorities in health interventions
- Processes needed for the success of the Health Plans (building local support groups, inter-sectoral action, community participation)
- Good practices from the implementation of Municipal Health Plans.

Presentations will be made by the members of the Lab and by experts invited for specific subjects.

Target audience: Local politicians concerned about health, Senior executives in city departments responsible for the environment, housing, education and social services, Health care professionals, especially those concerned with primary care, Community groups interested in health issues and the general welfare of the city. Academics with background in social policy, public health etc.

Practical issues: The workshops can be organized in the meeting halls of each Municipality (hall of the City Council). The Municipalities are responsible for: organizing the workshops (sending invitations for the workshop, publishing press releases for the workshop, offering light catering etc.). The Municipalities should also cover the expenses of accommodation of the participants. However, alternatively, the seminar may be held on line via a digital seminar platform.

Estimated budget:

If held in physical form:

2 day seminar						
Item	No	Quant/Time	Unit cost	Expenditure Total		
Speakers	8	1	100	800		



Coordinator	1	2	120	240		
Preparation	2	5	80	800		
Hall and Equipment	1	2	80	160		
Catering	25	2	15	750		
					2750	per seminar
					11000	total of action

Obviously, If the seminars will be held online a number of cost positions are deducted and the overall expenditure shrinks.

Sources of Financing:

- The Municipalities
- The Project Beneficiaries of the “Healthy Municipality Project”
- The Regional Union of Municipalities
- The Region
- The Ministry of Health
- Volunteers
- Sponsors.

II. Mainstreaming and Improving Application of Local Health Plans

ACTION B.1 Encouraging Local Authorities to build up structures for monitoring and designing health plans

Objective to which the Action responds: II. Mainstreaming and Improving application of Local Health Plans

Subject of the Lab to which the Action responds: B. Consultations on Improving Application of Local Health Plans

Brief Description of the Action



The effective application of Local Health Plans requires specific structures to be built up by the Municipalities:

The city council approval (decision) as for the health plan to become formally recognized as part of the system for applying a local public health policy

A steering group for the Management of the Health Plan in which representatives of the local stakeholders (local Partnership) will be involved

A project team with designated roles and responsibilities for the implementation of the health plan.

According to WHO, “all successful projects have a steering committee. It is the core of the project. It will do the planning and decision-making needed to get organized. Effective committees have to mobilize intersectoral action, to encourage community participation. The project must have sufficient leadership and organizational capacity to be an effective public health advocate and continues as long as the project lasts”.

According to WHO, “deciding the location of the project within the organizational hierarchy of the city is an important choice. It influences the organizational structure and the administrative mechanisms of the project. It determines relationships with politicians, organizations who work as partners in the project and community groups. It is indicative of “project ownership”.

“Projects located within city government and associated with its central administration. They may be part of the office of the mayor, city manager or city clerk. They tend to have strong links to city council that make them effective in promoting intersectoral action among departments within the city administration.

Projects located within city government as part of the health department. Such projects are well located to promote health care reform but they are often viewed as particularly favoring the interests of the health care system. This makes it more difficult for them to negotiate with organizations outside the health care sector”.

The Lab, after studying the draft Health Plan of each Municipality, will propose:

- Key Local Actors that have to participate to the steering group
- Key representatives of the sections of the Municipality that have to participate to the project team of the health plan.



- Roles of the Key representatives of the sections of the Municipality

Furthermore, the Lab will propose:

- possibly additional activities for the health plan
- possible corrections to activities proposed
- possibly additional or corrected expected outputs and results will be defined to address the objectives and the activities of the health plan.

Target audience:

The 4 Municipalities of the Project Area

Practical issues:

The draft health plans of the Municipalities will be sent to the Lab. The propositions of the Lab will be sent first electronically and then 2 members of the Lab will participate to a meeting in each Municipality (or an on line meeting will be organized) for discussing the proposals.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expenditure	Total
Coordinator	1	6	2500	15000	
Ext. Consultant	1	1	8000	8000	
					23000

Sources of Financing:

- Municipal budget
- The Regional Operational Program
- The Ministry of Health
- Sponsors
- Volunteers

ACTION B.2 Examination of the annual reviews on the monitoring and evaluation of the health plans' implementation, propositions for the next steps to be taken

Objective to which the Action responds: II. Mainstreaming and Improving application of Local Health Plans



Subject of the Lab to which the Action responds: B. Consultations on Improving Application of Local Health Plans

Brief Description of the Action

The monitoring and evaluation of the health plan (along with the expected outputs and results to address its objectives and activities), is a great tool to check the health plan's effectiveness. An annual review process is foreseen to measure successes and failures on time and to propose solutions.

The Lab will examine this annual review and make proposals for the next steps to be taken, for the priorities of the next period, for different ways of intervention etc.

Target audience:

The 4 Municipalities of the Project Area

Practical issues:

The annual review of the Health Plan will be sent to the Lab. The propositions of the Lab will be sent electronically to each Municipality. Online meetings could be organized.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.
Reviewer	1	1	2500	2500

Sources of Financing:

- The partners of the network
- The Municipal budget
- The Regional Operational Program
- The Ministry of Health
- Sponsors
- Volunteers



ACTION C.1 Workshops on Effective Prevention Health Initiatives to Take

Objective to which the Action responds: II. Mainstreaming and Improving application of Local Health Plans

Subject of the Lab to which the Action responds: C. Support to local authorities on implementing effective health prevention initiatives

Brief Description of the Action

Health promotion and prevention initiatives focus on keeping people healthy. Health promotion programs aim to engage and empower individuals and communities to choose healthy behaviors, and make changes that reduce the risk of developing diseases.

Defined by the World Health Organization, health promotion is:

“The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.”

Health promotion and disease prevention programs often address social determinants of health, which influence modifiable risk behaviors. Social determinants of health are the economic, social, cultural, and political conditions, in which people are born, grow, and live that affect health status. Modifiable risk behaviors include, for example, tobacco use, poor eating habits, lack of physical activity, lack of active living which contribute to the development of diseases.

Preventive Health Initiatives such as Active Aging, Active Schools provide opportunities for changing behavior for active living, for physical activity, for changing eating habits etc.

According to WHO⁷, ***Cities are in prime position to support people living with Non Communicable Diseases (NCDs) (cardiovascular diseases, diabetes mellitus, cancers and chronic respiratory diseases), to co-create health with patients and communities, build health literacy and foster empowerment and, through adopting evidence-based interventions, build physical, socioeconomic and cultural environments that tackle NCD risk factors.***

⁷ A MULTILEVEL GOVERNANCE APPROACH TO PREVENTING AND MANAGING NONCOMMUNICABLE DISEASES: **THE ROLE OF CITIES AND URBAN SETTINGS** - WHO EUROPEAN HIGH-LEVEL CONFERENCE ON **NONCOMMUNICABLE DISEASES**. Time to Deliver: meeting NCD targets to achieve Sustainable Development Goals in Europe 9-10 April 2019, Ashgabat, Turkmenistan



In this context, preventive Health Initiatives can also concern the support for self-management in people with NCDs.

Local government officials and departments need to take a leading role; however, the voluntary and private sectors need to be partners in an active living initiative.

Raising awareness and providing information, training programs, individual and group support are some effective activities for healthy lifestyle.

Promotional information and mass-media campaigns to encourage active living activities are needed to influence both the behaviour of individuals and the social systems in which they live. Mass-media messages can be combined with organizational efforts directed toward schools, workplaces, health care settings and communities.

Also, the widespread availability of **mobile phones** makes it far easier to reach individuals with directed messaging aimed at **changing behaviors** (for example, to promote adherence to medication or to encourage return visits to a health facility) as well as simply providing information.

The Lab will support the Municipalities first by preparing a report on Effective Preventive Health Initiatives (Initiatives for Healthy Active Living) and secondly by organizing workshops in the 4 project areas (4 one day workshops).

Each workshop will include the following topics:

- Good Practices of Preventive Health Initiatives
- Involvement of a range of local actors (city departments, nongovernmental organizations, schools and educators, the health sector etc.)
- Initiatives for healthy active living.

Target audience: The 4 Municipalities of the Project Area, the Local Actors such as nongovernmental organizations, schools and educators, the health sector etc

Practical issues: The Lab will prepare and send a report on Effective Preventive Health Initiatives to the Municipalities so as to be prepared for the workshops. 4 one day on line workshops will be organized.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.	Total



Ext. consultant	1	1	2500	2500	
Speakers	4	1	60	240	
Coordinator	1	2	120	240	
Preparation	2	5	80	800	
Hall and Equipment	1	1	80	80	
Catering	25	1	15	375	
					1735

Sources of Financing:

- The Municipalities
- The CB Lab members
- The Region
- The Ministry of Health
- Volunteers
- Sponsors.

III. Responding to Selected Needs/ Shortages of specific areas of application

ACTION D1. Assessment of provided qualification of medical staff vs population needs

Objective to which the Action responds: III. Responding to Selected Needs/ Shortages of specific areas of application

Subject of the Lab to which the Action responds: D. Support on Improving Competences of employed medical staff

Brief Description of the Action

According to the 2018 **Declaration of Astana** on Primary health care (PHC):



The success of primary health care will be driven (among others) by⁸:

Knowledge and capacity-building

“We will apply knowledge, including scientific as well as traditional knowledge, to strengthen PHC, improve health outcomes and ensure access for all people to the right care at the right time and at the most appropriate level of care, respecting their rights, needs, dignity and autonomy. We will continue to research and share knowledge and experience, build capacity and improve the delivery of health services and care”.

Human resources for health

“We will create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people’s health needs in a multidisciplinary context. We will continue to invest in the education, training, recruitment, development, motivation and retention of the PHC workforce, with an appropriate skill mix. We will strive for the retention and availability of the PHC workforce in rural, remote and less developed areas”.

During the implementation of the Healthy Municipality Project, studies, researches, clinical exams have been carried out and frequent diseases as well as problems of the inhabitants related to the access of local health services have been identified. However, besides, there are shortages recorded as lack of medical staff along with lack of qualified staff. Rural physicians are sometimes called upon to manage a difficult situation, they do not know how to deal with.

Also, other staff of Municipalities, such as the “Help at Home” personnel (in Greece) is in direct contact with older people who usually suffer from health problems. This staff should become more effective, if they could help with some health behavior advice to people suffering from common diseases.

For the above reasons, a research on the available capacities of the medical and social staff and their assessment vs. identified needs (frequent diseases in the area, emergency cases) is needed.

The Lab will conduct the research on available capacities and training needs of the medical and social staff at the public services of each area participating to the project. The Lab will propose the training needs of the staff so as to become capable of treating the frequent diseases in the area.

⁸ Declaration of Astana, Global Conference on Primary Health Care, “From Alma-Ata towards universal health coverage and the Sustainable Development Goals” Astana Kazakhstan, 25 and 26 October 2018



Target audience: The 4 Municipalities of the area, the medical staff of the public health services

Practical issues: The Lab will prepare a questionnaire to be filled in by the medical staff. City officials will support the research. The Lab will prepare the report on the training needs of the staff.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.
Reviewer	1	1	2500	2500

Sources of Financing:

- The Municipalities
- The Project Beneficiaries of the “Healthy Municipality Project”
- The Region
- Volunteers

ACTION D2. Proposal for e.g. developing an internet based distance training platform to adapting qualifications of medical staff to the local needs

Objective to which the Action responds: III. Responding to Selected Needs/ Shortages of specific areas of application

Subject of the Lab to which the Action responds: D. Support on Improving Competences of employed medical staff

Brief Description of the Action

An increasing number of countries are attempting to address human resources constraints – particularly in relation to primary care – through **e-learning** interventions. This action aims at building capacities among health professionals through internet courses or other forms of pre-service and in-service training. These activities can reduce the cost of training, improve



access to expertise, and enable access to training in settings that have limited educational facilities⁹.

Based on the previous action D1, the Lab will have all information needed on shortages in medical staff and in competences of the employees in the local health and social system to cope with the frequent local health problems. The Lab will propose concrete training modules e.g. on first treatment of emergency cases for the medical staff, on treatment of frequent in the area diseases for the medical staff, etc. Also, training modules could be prepared for the municipal staff in social services (“Help at Home” service) on medical and care services to people suffering from frequent in the area diseases.

A mix of various media including texts, videos, audio, infographics, presentation slides and others will be prepared by the Lab in collaboration with experts, so as for the training action to be more effective. Regular assessments will be carried out by the Lab to ensure the platform’s effectiveness.

The internet based distance training platform will be prepared by the Municipalities.

Target audience: The 4 Municipalities of the area, the medical staff of the public health services, the municipal staff in social services

Practical issues: The internet based distance training platform will be prepared by the Municipalities. The Lab will prepare training modules to be uploaded on the platform by the Municipalities.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.	Total
Platform	1	1	10000	10000	
Content per training module	1	1	2000	2000	
					12000

Sources of Financing:

- The Municipalities

⁹ WHO, UNICEF, Primary health care: transforming vision into action, **OPERATIONAL FRAMEWORK, Draft for consultation.** The document supports the Global Conference on Primary Health Care, convened to renew commitment to primary health care in light of universal health coverage and the 2030 Agenda for Sustainable Development.



- The Project Beneficiaries of the “Healthy Municipality Project”
- The Region
- The Ministry of Health
- Volunteers
- Sponsors.

ACTION E1. Proposals on ICT initiatives to improving performance, e.g. in form of telemedicine or tele - diagnosis

Objective to which the Action responds: : III. Responding to Selected Needs/ Shortages of specific areas of application

Subject of the Lab to which the Action responds: E. Helping Staff to Accessing Support by Experts

Brief Description of the Action

According to the 2018 Declaration of Astana on Primary health care (PHC):

The success of primary health care will be driven (among others) by¹⁰:

Technology

“We will promote their accessibility and their rational and safe use and the protection of personal data. Through advances in information systems, we will be better able to collect appropriately disaggregated, high-quality data and to improve information continuity, disease surveillance, transparency, accountability and monitoring of health system performance. We will use a variety of technologies to improve access to health care, enrich health service delivery, improve the quality of service and patient safety, and increase the efficiency and coordination of care. Through digital and other technologies, we will enable individuals and communities to identify their health needs, participate in the planning and delivery of services and play an active role in maintaining their own health and well-being”.

¹⁰ Declaration of Astana, Global Conference on Primary Health Care, “From Alma-Ata towards universal health coverage and the Sustainable Development Goals” Astana Kazakhstan, 25 and 26 October 2018



Telemedicine - the use of technology to deliver care at a distance - can be an efficient, cost-effective alternative to traditional health care delivery that increases the patient's overall quality of life and satisfaction with their health care. Telemedicine is rapidly growing. Many chronic diseases can be effectively managed with telemedicine. Telemedicine requires medical technologies at both ends and involves specific concerns on data management and legal responsibilities between the practitioner on site and the specialist off site.

In the above context, proposals on ICT initiatives to improving performance, e.g. in form of telemedicine or tele-diagnosis shall be prepared by the Lab. More specifically **the Lab will prepare a program of telemedicine** for the residents of the remote project areas (or to the population vulnerable groups), consisting of home-based preventive medical examinations and the immediate digital transmission of their results to the physician.

The Lab will first determine which tests shall be included to the program (such as) blood pressure, urine tests, use of an electronic stethoscope etc.), what equipment is needed, which health or social professionals could participate, physicians of which health service could be engaged with the patient during a tele-consultation, as well as, which professionals (nurse or staff of the Help at Home Program) should check the patient.

Target audience: Health System, Health or Social Staff, Local Population

Practical issues: For preparing the program of telemedicine, the Lab will organize meetings with the health and social services of each area.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.	Total
Platform	1	1	10000	10000	
Content for one disease	1	1	2000	2000	
Support 1 person/month	1	1	2500	2500	
Coordinator	1	1	5000	5000	
					19500

Sources of Financing:

- The CB Lab members The Regional Union of Municipalities



- The Region
- The Ministry of Health
- Volunteers
- Sponsors.

ACTION F1. Consultations on coordinating activities of municipal health services, services of e.g. the “Help at Home” program, services of the Public Health Service, of the Regional Authority

Objective to which the Action responds: IV. Increasing capacities and impact of local action in Health Prevention

Subject of the Lab to which the Action responds: F. Suggesting schemes to local authorities on coordinating different medical, health and social services acting in their area

Brief Description of the Action

Apart from medical services offered in the areas of the Municipalities, social – medical services are also provided by the Help at Home program, a Program driven by the Municipalities. This program concerns older people who are not self-caring and people with mobility impairments and other specific problems, prioritizing those who live alone or do not have full family care or whose income does not allow them to have the services needed to improve their quality of life.

The services offered;

- Counseling and emotional support
- Medical care with home visits
- Nursing care and physiotherapy
- Family - Home Care and Meeting Practical Living Needs, small shopping, payment of bills, accompaniment to various services.

The program is staffed with trained personnel and academics such as:

- Social workers
- Nurses
- Domestic assistants.

The "Help at Home" program in Greece is a successful social supporting program, highly appreciated by the local communities.



Also, in each Region of Greece, there is a Public health Department with the aim to protect and promote the health in the area by developing programs of prevention and health promotion. The Department is responsible for the specification and monitoring of the implementation of the National Action Plan for Public Health in the area.

During the Healthy Municipality Project, the studies and researches showed a lack of coordination between the Help at Home Program, the Public health Department and the health services in each area in Greece. However the Help at Home Program can be an important pillar of the primary health care in Greece and the regional Public Health Department in cooperation with the Municipalities and the health services could contribute to effectively promote health by jointly developing information and public awareness programs on health education, prevention and health promotion.

In the above context the Lab will facilitate the initiative of enhancing the coordination between those actors. More concretely the Lab can organize meetings with the participations of head officers of the health services, the Help at Home Program, the regional Public health Department.

The topic of the meetings should be:

The “areas” of coordinating actions between all actors to promoting effective primary health care.

The Lab will prepare a report on these coordinating actions.

Target audience: Health Services, "Help at Home" program, regional Public Health Department, Municipalities

Practical issues: The Municipalities, the regional Public health Department, should incorporate relevant joint actions into their operation (e.g. in their Operating Rules etc)

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.
Preparing Report	2	1	3000	6000

Sources of Financing:

- The Municipalities



- The Project Beneficiaries of the “Healthy Municipality Project”
- The Regional Union of Municipalities
- The Region
- The Ministry of Health
- Volunteers

IV. Disseminating experience and results

ACTION G1. Establishing specific area on the Lab activities on the web site of the Healthy Municipality Project and creating link to it

Objective to which the Action responds: V. Disseminating experience and results

Subject of the Lab to which the Action responds: G. Taking initiatives for disseminating experience and results of the “Healthy Municipality” and the CB Lab

Brief Description of the Action

A specific “web area” shall be established for the Lab, linked to the website of the Healthy Municipality project. In this “area” the following sections can be described:

- **The objective of the Lab**
- **The partners of the Lab**
- **The actions of the Lab**

All outputs of the actions of the Lab will be uploaded in this “area”, for example, concerning the workshops: the presentations of the rapporteurs, the minutes of the workshops etc., or with regard to the researches: the respective reports etc.

- **The results of the Healthy Municipality Project**

The methodology applied (the relevant tools) and the results obtained within the Healthy Municipality Project will be displayed in a synthesis report.

- **Best Practices on Health Prevention – Primary Health Care**

This section should include Best Practices on health preventive activities.

- **News & Announcements**



All events organized by the Lab and any news will be announced.

➤ **Call-to-action**

It should be an area on the website requesting the user to do something, to act like pick up the phone, request information, etc. The call-to-action should attract the user’s attention.

Target audience: Local Authorities, Health Services, Universities, Scientific Bodies, Local Actors, Wider Public etc

Practical issues: A special “web area” shall be established for the Lab linked to the website of the Healthy Municipality project.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.
Maintaining web space	2	1	2000	4000

Sources of Financing:

- The Project Beneficiaries of the “Healthy Municipality Project”
- The Regional Union of Municipalities
- Volunteers
- Sponsors.

ACTION G2. Expanding recipients’ list of Lab material - Involving more actors and experts in Lab activities

Objective to which the Action responds: V. Disseminating experience and results

Subject of the Lab to which the Action responds: G. Taking initiatives for disseminating experience and results of the “Healthy Municipality” achievements and the CB Lab

Brief Description of the Action

In each project area, the **CB Lab has to be supported by as many as possible local stakeholders**. Thus each area should first determine the local stakeholders and build up a local support group. Latter requires local consultations and discussions that should take place in each area.



Key Local Actors could be:

- Local Politicians
- Health Professionals of the area
- Representatives of various public sectors (education, environment, social welfare, housing, etc.) of the area
- Voluntary Organizations of the area
- Community Groups (Local Associations).

There are also actors and organizations working outside the health sector which can change their activities so that they contribute more to health.

Such actions could be: a city department which adopts policies to improve the nutritional quality of food in the city or to make public buildings more accessible and safe for people with disabilities, or to support physical fitness by providing ample green space for recreation in the city, or to prepare education programs for a healthy life style etc.

Target audience: The Key Local Actors in each area

Practical issues:

Each area should first determine the local stakeholders and build then a local support group. This requires local consultation discussions that should take place in each area.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.
Personnel	2	1	700	1400

Sources of Financing:

- The Municipalities
- The Regional Union of Municipalities
- The Region
- Volunteers



ACTION G3. Broadening participants' audience at Lab interventions

Objective to which the Action responds: V. Disseminating experience and results

Subject of the Lab to which the Action responds: G. Taking initiatives for disseminating experience and results of the “Healthy Municipality” achievements and the CB Lab

Brief Description of the Action

It is of great importance to promote the participation of the people in the CB Lab with active roles, working through voluntary organizations, self-help groups or neighborhood associations and expressing opinions that influence political and managerial decisions. People can participate on health issues through their lifestyle choices, their use of health services, their views on different problems of the health sector.

The work of the CB Lab can be disseminated through the website (Action G1) but mainly through the social media.

Target audience:

The wider public, the voluntary organizations, the local associations

Practical issues:

The Municipalities as well as other Local Actors have to promote the interventions of the Lab through their social media.

Estimated budget:

Item	No	Quant/Time	Unit cost	Expend.
Media coordinator	2	1	3000	6000

Sources of Financing:

- The Municipalities
- The Project Beneficiaries of the “Healthy Municipality Project”
- The Region
- Volunteers
- Sponsors.

