

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

**“The Healthy Municipality”**

**MIS Code: 5011021**

*Website: [healthymunicipality.com](http://healthymunicipality.com)*

**Deliverable 6.5.4**

**Setting up Cross Border Lab on Prevention and Primary Health Policies**

**Proposal on the Framework**



*Agency for Transnational Training  
and Development*

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



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## General

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Establishing and operating a “Cross Border Lab on prevention and primary health policies” is foreseen as Activity 6.4 of the project “The Healthy Municipality - Policies for Enhancing Access to Health Services in Deprived Areas”.

Aim of the particular action is to summarize the produced experience and knowledge during the lifetime of the project and to capitalize on it, thus valorizing its results and securing its sustainability.

In particular, the Lab starting in the last period of the “Healthy Municipality”, takes over the achievements and experience gained in it and pursues to further work on them in order to providing “policy partners” with guidance and support in the implementation of their health policies. As such, the action of the specific Lab primarily addresses the “spatial partners”, i.e. those partners, which, having a territorial dimension, designed and applied a local primary health policy in their areas in the context of the pilot phase and are expected to mainstream the project experience, namely the 4 Municipalities. At a second level addressed are also those partners, which, while not directly involved in applying a health policy in the framework of the “Healthy Municipality” project, are however in the position to influence and contribute to local health policies. Those partners are the Regional Health Inspectorate of Haskovo (partner 6), the Association of Rhodope, Municipalities (partner 7) or even the Development Agency of Rhodope (the project Lead Partner).

All those project partners are expected to raise issues and elaborate responses, with the contribution of the rest of the partnership, towards improving local primary health policies in their areas and to disseminate them as specific practical experience and good practice.

## The CB Lab in the Application Form

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As mentioned above, the Cross Border Lab (CB Lab) captures activity 6.4 in the approved Application Form of the “Health Municipality” project.

In particular reference is made with regard to the specific activity in the Application Form in the following paragraphs:

### **SECTION B – Detailed Description**

- **B.1 Project Identification**
  - **B.1.1 Background and history of the project (problems/ challenges to addressed/ target groups)**

A cross Border Lab on prevention and primary health policies will be established as a continuous CB laboratory in the subject of the proper policy and management of primary health sector.

○ **B.1.2 Objectives of the Project**

The project's objective contributes to the program priority specific objective 8 *"To improve access to primary and emergency health care (at isolated and deprived communities) in the cross border area"* by 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.

○ **B.1.3 Expected outputs of the project (tangible and visible outputs of products relating to project activities)**

1 evaluation of the results of the pilot application, 1 synthesis report on problems and good practices of the pilot application in the CB area, the adapting of the 4 local health policy plans to the results of the pilot application, the setting up of a CB lab on prevention and primary health policies, will contribute to the mainstreaming of the project results.

○ **B.1.4 Expected results (direct and immediate effects resulting for the project)**

The setting up of a CB lab on prevention and primary health prevention policies means the adopting and continuing of the project results.

● **B.2 Methodological Approach**

○ **B.2.1 Project methodology/ Roles – Tasks of Beneficiaries**

.... all PBs prepare the setting up cross border lab on prevention and primary health policies.

● **B.6 Sustainability of Results**

○ **B.6.1 Sustainability, durability and transferability of main outputs delivered in the project**

Once the project has been finalized, the project main outputs will be further used by the Cross Border Lab on prevention and primary health policies, foreseen to be created by the project. This network will function as a continuous CB laboratory in the subject of the proper policy and management of primary health sector and more specifically on the following topics: adoption of the "institution" of the Municipality as health prevention policy actor, establishing units for designing health policy at Municipalities, valorizing municipal health infrastructure, networking Local Authorities with private physicians and local

hospitals/clinics, continuation-completion of the local health prevention policy plans prepared by the project, continuation of the diagnostic & clinical exams-awareness activities on health prevention (the project's pilot actions), sharing experiences to improve services provided and improving health prevention policies, searching for new technologies in the health sector for its better organization. The network will be consisted by all project beneficiaries. The network will meet 6 times a year to discuss the above topics, the problems faced, the response to the problems, the suggestions for the measures to be taken. The Municipalities members of the network, having built up a common knowledge, having at their disposal the tools produced by the project (digital map on morbidity, patient cards, digital data base, alert system, health platform) will be effectively supported to implement health prevention policy in their areas. Moreover, the participation to the CB lab of scientific and public actors specialized in the health sector, will also be a support to this task of the Municipalities. The project's sustainability is also ensured by the strong intention of the Municipalities to undertake this sector of health prevention at their responsibility and to finance it by their own funds. Moreover, as the health sector and even the primary health sector is a priority of the National and Regional Policies of Greek and Bulgarian partners, the activities foreseen by the health prevention development plans, prepared by the project, could also be potential projects to be financed in the 2014-2020. The project ensures that the project's outputs are applicable and replicable by other Municipalities in other regions/countries outside of the current partnership. Apart from the areas to which the project is addressed, the project outputs shall be applicable to other regions throughout the Programme Area and the whole countries of GR and BG. This will be achieved by the 3 bodies involved in the project who have wider representation, or regional, national scope, the University of Thessaloniki, the Regional Health Inspectorate in BG, the Association of Rhodope Municipalities in BG, who will transfer the project's pilot applications as a sound basis for other regions and/or Municipalities in Greece and Bulgaria to build on these results.

Making the synthesis of the above references in the project Application Form one may conclude to the following:

- Subject of the CB Lab is to deal with **prevention and primary health policies**.
- The Lab should be viewed as a **continuously** operating mechanism.
- The operation of the Lab is directly linked to the Specific Objective 8 of the GR – BG programme, namely *“to improve access to primary and emergency health care (at **isolated and deprived communities**) in the cross border area”*.
- The Lab should contribute to mainstreaming of the project results.

- All project partners should be involved in the establishment and operation of the Lab.

In addition:

The Lab is the main vehicle of the project in terms of sustainability of its results. The main topics for the Lab to deal with should be the following: *reinforcing the role of the Municipalities as policy actors in the health prevention, establishing structures for designing health policy at Municipalities, valorizing municipal health infrastructure, networking Local Authorities with local health service providers, accomplishment of local health prevention policy plans, continuation of diagnostic & clinical exams-awareness activities on health prevention, sharing experiences to improving services and prevention policies, introducing new technologies in the health sector.*

The Lab should empower its Municipalities - members to valorizing prepared infrastructure and tools and should support them with the help of external experts.

The CB Lab as follow up scheme of the project partnership should care for the dissemination of the project results and consequently of the Lab to other municipalities in the CB area and beyond.

## Resources' Allocation in the Context of the Lab

The **activities of the Lab** foreseen to be implemented **during the project**:

- Development of the business plan for organizing and setting up the cross border lab
- Organizing 7 cross border Lab meetings

**Allocation of Project Resources and Activities on the Involved Partners:**

Partners	Staff for Supporting the Lab & Admin.	External	Travel & Accommodation	Total
LB	2800,00€	<b>5000,00€</b> <i>Development of the business plan for organizing and setting up a cross border lab</i> <b>350,00€</b> Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	<b>350,00€</b>	<b>8500,00€</b>
PB2	1800,00€	<b>350,00€</b> Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	<b>410,00€</b>	<b>2560,00€</b>
PB3	690,00€	<b>350,00€</b> Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	<b>720,00€</b>	<b>1760,00€</b>

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Partners	Staff for Supporting the Lab & Admin.	External	Travel & Accommodation	Total
PB4	690,00€	350,00€ Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	780,00€	1820,00€
PB5	2020,00€	350,00€ Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	700,00€	3070,00€
PB6	700,00€	4000,00€ <i>Support of the development of the business plan for organizing and setting up a cross border lab</i> 260,00€ Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	230,00€	5190,00€
PB7	3200,00€	260,00€ Cost of organizing and setting up cross border lab meeting (catering, conference room etc)	230,00€	3690,00€
PB8	575,00€		490,00€	1065,00€
PB9	575,00€		490,00€	1065,00€

Reviewing the above allocation of the “Healthy Municipality” resources it becomes obvious that two PBs (LB and PB6) are responsible for setting up the Business Plan of the Lab, while 7 PBs (all PBs except PB 8 and PB 9) organize one meeting each. In addition, PB 7 (the Association of Rhodope Municipalities) have a larger amount allocated on staff costs, in the sense of working on mainstreaming of the Lab strategies among their members (Municipalities of the Association).

## The Scope of the CB Lab

Once having quoted the references to the CB Lab in the “Healthy Municipality” Application Form, the scope of the Lab becomes clear.

Specifically the Lab is directly linked to the sustainability of the project achievements and moreover to the valorization of its results in terms of further developing them and mainstreaming of them.

More in particular during the lifetime of the specific project a lot of experiences are being made and a lot of knowledge is being accumulated, in form of preparation of documents and implementation of activities (researches, application of policies etc.). Project partners might be viewed under this point of view as bearers of a very specific knowledge, as more or less “experts” on the project’s thematic subject. On the other hand, prevention policies in the

provision of primary health services, though a highly prioritized subject in the official health policies of the two countries of the Cross Border area, it has not been possible to become mainstreamed on the ground and still remain a future objective in the formulated policies.

In this framework the partners of the “Healthy Municipality” project rise to actors with valuable experience, which should be further used and utilized to supporting the stated policies of the respective Ministries of Health, but also of the regional – local authorities involved in the provision of health services.

Besides, in the framework of the particular project, 4 Municipalities had the opportunity to receive support in designing and applying novel primary health policies by a network of specialized and with supplementary roles institutions (partnership), while some others, involved in the development of local strategies or health policies (Association of Rhodope, Municipalities, Development Agency of Rhodope, Regional Health Inspectorate of Haskovo) were able to directly benefit from their participation in the overall procedure. Let alone that an infrastructure, either tangible (medical equipment) or digital (data platforms, patient cards, data bases for patients etc.), was purchased or developed to support and monitor the action.

As a consequence of the above, it is more than imperative to continue the operation of the “Healthy Municipality” attempt, to assess its operation so far and to redesign, upon the results of the assessment, its position for the future.

Valorizing the “Healthy Municipality” experience, extending and improving it, along with disseminating achievements, should be the scope of the Cross Border Lab operation.

## **The Theoretical Framework – The Basis for the Lab on Health Prevention**

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Speaking of “health policies” in the context of the “Healthy Municipality” project means approaching the particular term under the point of view of the current predominating at international level perceptions. Under this aspect it is considered necessary to provide an overview over some of the most significant of those concepts, so as to obtain clarity about the content and objectives of the policies to be applied within the project and beyond its completion.



**In the United Nations 2030 Agenda for Sustainable Development<sup>1</sup>**, all its 17 Sustainable Development Goals (SDGs) (which include 169 targets) are relevant to health issues, mainly the Goal 3: **Ensure healthy lives and promote well-being for all at all ages and the objectives:**

**3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being**

**3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all**

**3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate**

**The United Nations 2030 Agenda recognizes that local institutions, local economic actors and communities provide legitimacy for global and national development by grounding development choices in the will of the people through participation and ownership.**

**The Healthy Cities approach<sup>2</sup> of the World Health Organization (WHO) strongly emphasizes equity, participatory governance and solidarity, intersectoral collaboration and action to address the determinants of health. This approach recognizes the determinants of health and the need to work in collaboration across public, private, voluntary and community sector organizations.**

**The Copenhagen Consensus of Mayors: “Healthier and happier cities for all” The transformative approach for safe, inclusive, sustainable and resilient societies (13 February 2018 | Copenhagen, Denmark) sets out six areas for action to improve the health and wellbeing of citizens: people, places, participation, prosperity, peace, and planet.**

**Investing in the people who make up our cities**

**Designing urban places that improve health and well-being**

**Greater participation and partnerships for health and well-being**

**Improved community prosperity and access to common goods and services**

**Promoting peace and security through inclusive societies**

**Protect the planet from degradation including through sustainable consumption and production**

<sup>1</sup> United Nations, Resolution adopted by the General Assembly on 25 September 2015, [https://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E)

<sup>2</sup> <http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/what-is-a-healthy-city>

**Health21, the European policy framework<sup>3</sup>** laid out **21 targets** for improving the health of Europeans, among them:

- health of young people, that is, young people in the Region should be healthier and better able to fulfil their roles in society;
- healthy ageing as reflected in increases in life expectancy, disability-free life expectancy, and the proportion of older people who are healthy and at home;
- improving mental health;
- reducing communicable diseases;
- a healthy and safe physical environment;
- healthier living, such as healthier behaviour in such fields as nutrition, physical activity and sexuality, and increase in the availability, affordability and accessibility of safe and healthy food;
- reducing harm from alcohol, drugs and tobacco;
- settings for health: specifically, people in the Region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community;
- multisectoral responsibility for health;
- an integrated health sector with better access to family- and community-oriented primary health care, supported by a flexible and responsive hospital system;
- managing for quality of care by focusing on outcomes;
- developing human resources for health to ensure that health professionals and others have acquired appropriate knowledge, attitudes and skills to protect and promote health;
- mobilizing partners for health, including governments, professionals, nongovernmental organizations, the private sector, and individual citizens; and
- policies and strategies for health for all at country, regional and local levels.

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<sup>3</sup><http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/what-is-a-healthy-city/health21-targets>

**According to the WHO publication<sup>4</sup> on Prevention of Noncommunicable diseases (NCDs) (cardiovascular diseases, diabetes mellitus, cancers and chronic respiratory): Cities are in prime position to support people living with NCDs, 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.**

Cities have competences over policies that shape the built and natural environment. This allows them to:

- take direct action to tackle NCD risk factors through public health interventions;
- adopt healthy urban planning,
- promoting active transport and access to green spaces,
- tackling air pollution and improving road safety;
- tackle inequalities in health and NCD outcomes through addressing the social determinants of health;
- ensure coherence in municipal policies for better NCD outcomes; and
- work with other levels of governance to create an enabling system for better NCD outcomes.

**The role of the local level in providing an effective response to the prevention and control of NCDs was recognized in the third high-level meeting of the United Nations General Assembly.**

**According to the 2018 Declaration of Astana at the Global Conference on Primary Health Care**

**The success of primary health care will be driven by<sup>5</sup>:**

**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*

<sup>4</sup> 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

<sup>5</sup> 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

*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. We assert that the international migration of health personnel should not undermine countries', particularly developing countries', ability to meet the health needs of their populations.*

#### **Technology**

*We support broadening and extending access to a range of health care services through the use of high quality, safe, effective and affordable medicines, including, as appropriate, traditional medicines, vaccines, diagnostics and other technologies. 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.*

#### **Financing**

*We call on all countries to continue to invest in PHC to improve health outcomes. We will address the inefficiencies and inequities that expose people to financial hardship resulting from their use of health services by ensuring better allocation of resources for health, adequate financing of primary health care and appropriate reimbursement systems in order to improve access and achieve better health outcomes. We will work towards the financial sustainability, efficiency and resilience of national health systems, appropriately allocating resources to PHC based on national context. We will leave no one behind, including those in fragile situations and conflict affected areas, by providing access to quality PHC services across the continuum of care.*

Undoubtedly the “Healthy Municipality” project lies in the core of the above declarations of the respective international institutions and organizations. Undoubtedly is also the need for

the continuation and upgrading of the specific attempt, so as for its achievements to come closer to the above stated policies and objectives and to become a source of experience and knowledge also for other communities and institutions. All those should set up the *raison d'être* of the foreseen Cross Border Lab.

## **The Objectives of the Lab**

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### **The Objectives of the Lab**

Once having defined the scope of the Lab operation and described the theoretical environment in which the Lab is intended to work, following objectives could be set for its function:

#### **I. Enriching perception of health**

The examination of the current international policies in the health sector (WHO - Declaration of Astana - Global Conference on Primary Health Care, WHO Multilevel Governance Approach to Preventing Non Communicable Diseases) raised a number of issues with regard to approaching the quality and the standards of health services that make up a modern and efficient local health policy.

And alone the perception of the meaning of health as a condition depending on a wide spectrum of socioeconomic parameters (WHO 2018) is a subject that should be further processed and presented to the local communities, putting the local authorities and the local medical personnel on the top of the recipients' list.

Various discussions and workshops with theoretical background should be held in the project areas with the help of experts, so as to widen the currently predominating perception of health and adapt it to the definitions of the major international organizations and fora of the sector.

#### **II. Mainstreaming and Improving application of Local Health Plans**

Within the context of the "Healthy Municipality" project 4 Local Authorities were given the opportunity to design and apply local prevention policies. Lots of socioeconomic data on the respective areas were collected and processed, local researches to the population of the Municipalities were compiled, horizontal and targeted medical exams at a rather large scale at a local level were made. Partners participating at the overall procedure were able to gain a significant insight view on the current conditions of the project areas, policies and tools (infrastructure) responding to identified needs were designed and field tested.

Within that context a large number of shortages in the health service provision were revealed, which, however, drastically restrict range and quality of services and eventually drive the local people away from the public local health system.

In response to that, lots of interventions have to be made, so as for the local health structures to become capable of meeting the local needs. Local structures have to be built up for designing and monitoring the local health policies. Encouraging Local Authorities to build the required local structures, should be one of the main objectives of the Lab.

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

Related to the previous topic is the examination of potential solutions and schemes to tackling specific shortages located in the lifetime of the “Healthy Municipality” project. Although it is important to formulate and highlight the challenges that the local health systems are confronted with, it is obviously not enough for responding to them. In addition local communities and notably those, where the project is being implemented, suffer from both the lack of appropriate human resources and processes, which should help them to elaborate solutions for the located shortages.

Said the above, specific workshops respectively discussion fora may be organized between experts and local actors on selected problems, in order to examine concrete solutions.

Local diseases vs available specializations of medical staff might be one of the issues to examine. Valorization of ICT to improving performance, e.g. in the form of telemedicine or tele diagnosis might be another one. Or even adapting qualifications of personnel of the local health structures (health centers) to the local needs, e.g. via an internet based distance training platform etc., might be a further one. Etc.

It is obvious that, considering the local shortages, a large number of issues have to be examined, thoroughly discussed and further communicated to decision makers.

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

A significant finding of the “Health Municipality” project with regard to the efficiency of the local health systems was the parallel existence of several actors at different administrative levels providing health services in each area. In particular, beside the official regional/ local health structures of the Ministry of Health also a further number of bodies design and carry out own measures and interventions in the health sector at local level. The Regions, the Municipalities, but also private organizations are some of those bodies.

Those actors do not necessarily cooperate with each other and initiatives taking place are not necessarily interconnected. Though the local needs are great, it is self-evident

that the coordination of the local players in the sector might lead to an increase of the impact of the applied measures and resources.

Consequently contributing to the coordination of the local action might be a further objective of the Lab.

#### **V. Disseminating experience and results**

The experience and the results of both the “Healthy Municipality” project and the Cross Border Lab itself obviously are of importance not only to the participants of the specific project and the members of the Lab, but also to the wider health communities of the two bordering countries.

Nevertheless both raising Local Government institutions to main providers of prevention and health services at local level and experimenting with the dominating international concepts of health of the relevant organizations is not a subject only of local interest.

As such, results of the project experimentation as well as of the Lab activities should be widely communicated to specific target groups and become subject of examination and discussion by them.

All above issues may make up the first setting of objectives to reach by the Cross Border Lab.

Summarizing the above, the main objectives of the Lab could be defined 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.**

## **The Mode of Operation of the Lab**

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### **General**

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 sector.

Linked to the above is the aim to avoiding complex structures and administrative bureaucracy so as to encourage local actors to join the attempt.

### **The Status of the Lab**

In the above context the status of the Lab is that of a non-profit body and the Lab does not distribute any profits to its members.

Participation at the Lab, as indicated, is on a volunteer basis.

### **Membership**

The Lab, as an activity within the “Health Municipality” project primarily addresses the partners (PBs) of the specific project. It is these organizations, which have to take the initiative of setting up and operating the Lab and to this end an amount of resources is allocated in the project budget. Hence the specific group of organizations should constitute the first group of members of the Lab.

The specific group of Lab members should constitute the Assembly of the Lab.

The Assembly of the Lab should be considered the highest decision making organ of the Lab. The specific organ should regularly meet at least once a year in order to decide on the activities of the next year (action plan), the allocation of resources, the approval of the actions and the expenditures carried out in the last year and on any further issue. Irregularly the Assembly should meet after initiative of at least three of its members.

The Assembly should be viewed as having quorums when at least five of its members are representative.

The meetings of the Lab Assembly should be chaired by the Chairman of the Coordinating Team (see below).

Minutes should be taken at every meeting of the Lab Assembly and circulated to the members of the Lab.

Decisions within the Lab should be made upon simple majority of the present members.

### **The Coordinating Team**

Taking into account the size of the project partnership, 9 members, assigning the coordination of the Lab to the total of partners is considered ineffective, as communication between partners and decision making might rise to a challenge. On the other hand nominating one PB as coordinator might prove inefficient to activating the partnership, notably in the post project period, where ties between partners become loose.

Therefore a small team, e.g. of three PBs, from both countries should undertake the responsibility of the coordination of the partners’ network. Those three PBs should nominate a Chairman and they should allocate operational responsibilities and duties to each other.

Among their duties should be the following:



- Designing the Lab's Action Plan and managing its implementation after approval by the Lab Assembly
- Setting up the yearly budget of the Lab and managing the resources after approval by the Assembly of the Lab
- Preparing the yearly report on activities and expenditures of the Lab.

### **The Governing Documents**

At a first stage the Lab is not considered necessary to have a statute. The Lab should operate over one year upon the project action plan and the present provisions and at the end of the first year a statute document should be designed and approved by the members.

Further documents of the Lab should be the yearly plan of activities (action plan), the yearly budget, the yearly activity report and the statement of revenue and expenditure.

Participation in the Lab, exclusion, management of resources and activities, members' contribution, term of office of coordinating team etc. should be regulated and agreed upon the specific document.

### **Resources of the Lab**

Resources for the first period of the Lab are the resources allocated in the project. In addition to them donations, income from activities, income from participation at EU, national or other programs and initiatives should supplement the turnover of the Lab.

### **The Timeframe of the Lab**

At a first stage the timeframe of the Lab should follow the implementation of the Healthy Municipality project. At the end of the project partners should decide on the duration of the next operation period, which should not be shorter than 3 years.

## **Activities of the Lab during the Project Lifetime**

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As mentioned in the previous paragraphs of the present document and following the provisions of the approved project Application Form, the activities of the Lab planned to carry out during the project lifetime are as follows:

### **1. Design of the Business Plan of the Cross Border Lab**

The present document while formulating the objectives of the Lab along with indicative subjects for its content sets out a first approach to the CB Lab's Business Plan. This document is viewed as an introduction and the basis for opening the discussion on the Business Plan at the first 2 meetings of the Lab.

## **2. Organizing 7 Cross Border Lab meetings**

**Aim of the first 2 meetings to be held by the LB & PB5 is:**

- a. For the project partners, and members of the Lab, to discuss and agree on the suggested Business Plan and to formulate an Action Plan for the next year of the Lab operation, on the basis of the present document
- b. For the invited participants, to become acquainted with the objectives of the Lab, its activities, its operation and with the new concepts on primary health.

In each of those 2 meetings representatives of **local authorities, politicians** and responsible **officials** and representatives of local **health care organizations** (especially of those concerned with primary care), of **community groups interested in health** issues and **academics** with background in health - social policies will be invited to attend.

LP (GR) and PB6 (BG) will present their proposals on the Business Plan and the Action Plan for the next year of the Lab in the first session (a) of the meetings, so as for it to become approved at the 2<sup>nd</sup> meeting.

Local experts will be invited to present and analyze subjects related to the subject of the 2<sup>nd</sup> part of the meetings (part b).

**Aim of the 3<sup>rd</sup> meeting to be held by PB2 is to:**

- a. examine and agree on the mode of operation of the Lab (based on the suggestions of the present document)
- b. discuss on the dissemination action of the Lab
- c. review and agree on the members of the local support groups in each area, as well as on the local structures to establish in each of the 4 Municipalities.

**Aim of the further 4 meetings to be held in the 4 project areas of the Lab** (to be organized by PB3, PB4, PB6 and PB7 resp.) is to:

- a. Present the Lab to the local communities and to familiarize participating local actors with the role, the objectives, the activities and the operation of the Lab
- b. Make participants familiar with the concepts of the international health organizations on primary health
- c. Emphasize the role of Local Government in the primary health sector
- d. Create local structures at the Municipalities to coordinating and supporting health prevention policies (to be noted that similar local structures at the Municipalities are also foreseen in the framework of the local health plans and hence both actions are expected to supplement each other)
- e. Encourage local actors in each area to build up supporting groups on primary health.

In each of those 4 meetings taking place in the 4 project areas, representatives of the **local authorities, politicians** and responsible officials and/ or representatives of local **health care organizations**, notably of those concerned with primary care, of **community groups interested in health** issues, **academics** with background in health - social policies will be invited to attend.

Sectoral experts will make presentations relevant to the aims of the meeting.

Representatives of the **local authorities, politicians** and related officials or/ and representatives of local **health care associations**, especially of those concerned with primary care, of **community groups interested in health** issues, of **academics** with background in health - social policies will be invited to join the event. Local experts will analyze topics related to the subject of the meeting.

Staff of project PBs will participate at all meetings.

## **Prospects of the Lab**

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In the previous paragraphs the scope and the objectives of the Lab were presented along with indicatives that might/ should be undertaken in the next period of its operation. However the potential prospects of the Lab, which might function as a guide for its operation, have not been touched.

An answer to the specific question could be induced from the scope that the Lab has to serve along with the health policy statements that shape the operational environment of the Lab.

In the above context, and in accordance with the initiatives to be taken –expected results- in the first period of the Lab, the activities of the Lab should concentrate on two general axes. The first one should focus on improving the local work, the quality of the health services in the partner areas, while recording action and assessing results should play a major role to raising the experimentation in the partner areas to a paradigm for the health sector in the entire cross border area, and not only. Empowerment of the participating Municipalities to play the central role in the local health service provision in their areas, support in coordinating the local interventions in the health sector, increasing efficiency of local health systems, elaborating solutions to selected problems and embedment of CB Lab as a pool of support and guidance at cross border level should be the activities along the first axis.

The second axis should have a more theoretical focus, namely to deal with the approach of the local policies to the strategies and standards of the international health organizations

and institutions. As such, broadening of the Lab membership composition, theoretical interventions by experts, discussion workshops with further community actors and active dissemination work should cover the action of the specific axis.