

KEY ACTIVITY: 5

EXAMINATION (ASSESSMENT) OF THE PREVENTIVE HEALTH POLICY PLAN WITH RESPECT TO THE RESULTS OF PILOT ACTIVITIES



ABBREVIATIONS

CEMC - Center for Emergency Medical Care

CND - Chronic non-communicable diseases

CPP - Cross-border preventive plan

GHAC - General Hospital for Acute Care

GP - general practitioner

HE - Health establishment

MPID – Municipal plan for integrated development

NGO - Non-governmental organization

POMC - primary outpatient medical care

WHO - World Health Organization





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INTRODUCTION

According to the WHO health is a state of bio-psycho-social well-being, and not the absence of illness or disability. This multifaceted definition reflects the duality of health, both as a factor and a result of the quality of life of each individual. Health and quality of life are interconnected, in a complex and dynamic relationship.

The national health care strategy is harmonized with European regulations for the improving of health and quality of life. It reflects the direction, priorities and principles of the health policy, which also include change in environmental factors as well as control of the determinants of health.

The success of the national vision would be unthinkable without the participation and engagement of local authorities which have the potential to be an active factor in the processes of health and well-being of citizens. Municipal authorities, being most knowledgeable of the characteristics of local population, develop and implement multisector strategies, plans and programmes in the field of prevention, promotion and prophylaxis, in order to promote health as the utmost value of the individual and society.

ASSESSMENT OF THE RESULTS OF PILOT ACTIVITIES IN IMPLEMENTATION OF THE PREVENTIVE PLAN IN THE MUNICIPALITIES OF MOMCHILGRAD AND KRUMOVGRAD

The cross-border preventive health policy plan developed by the municipalities of Momchilgrad and Krumovgrad is based on a package of short-term and long-term measures, including actions for prevention and prophylactics of CND and promotion of healthy lifestyle, aiming to tackle identified problems, reduce morbidity and improve health status and quality of life.

The expected results are related to:

- the social inclusion of vulnerable groups (isolated communities) in the healthcare system, in order to increase their knowledge on personal and family health;
- the activation of healthcare structures, local municipal and state authority structures, the medical worker community and NGOs in order to improve public access to primary and emergency medical care;



- the building of foundations for responsible attitude towards health through the sharing of personal experience and continuing provision of information on the main risk factors for the health of the individual and their family;

The implementation and funding of the Cross-border preventive plan for pilot health policies is a responsibility of the mayors and municipal administrations of the municipalities of Momchilgrad and Krumovgrad.

Before we review the results of the pilot activities set out in the Cross-border preventive plan (CPP), we should indicate the assessment scale used:

The measure has been fully implemented – the envisaged activities or projects/initiatives have been implemented *in full* and lead to achieving their goal, they are expected to have an impact in the future. ▪

The measure has been implemented to a significant degree – a *great part* of the envisaged activities or projects/initiatives have been implemented and lead to achieving their goal, they are expected to have an impact in the future. ▪

The measure has been implemented to a high degree – the envisaged activities or projects/initiatives have been implemented *partially*; the attraction of *financial resources is insignificant*. ▪

The measure has been implemented to a very low degree - *single activities/projects of low value* have been implemented, *which may not have an impact*.

The measure has not been implemented – the envisaged activities or projects/initiatives *have not been implemented* or their implementation has *negligible financial contribution*.

In examining the developed preventive health policy plan and studying the results of the pilot activities implemented in the municipalities of Krumovgrad and Momchilgrad, we establish varying degrees of implementation of the activities. There is a significant lag in the implementation of the long-term measures, which include multiple activities, requiring normative changes, financial resources and expert potential.

I. SHORT-TERM MEASURES

Under MEASURE 1: Promotion of healthy lifestyle through educational and sports activities for health education and health-aware upbringing of children, adolescents and young people.



ACTIVITY 1. Controlling of health risk factors

FULLY IMPLEMENTED

ACTIVITY 2. Organizing sports events to strengthen health - a one-day tournament in basketball, volleyball or other sports with the participation of school teams.

IMPLEMENTED TO A SIGNIFICANT DEGREE

ACTIVITY 3. Dissemination of educational materials on the main CND risk factors in the educational establishments of the municipalities of Momchilgrad and Kardzhali.

FULLY IMPLEMENTED

Under **MEASURE 1**, in both the municipality of Krumovgrad and of Momchilgrad among adolescents were organized and held training seminars, in which participated a total of 204 (100 from the municipality of Krumovgrad and 104 from the municipality of Momchilgrad) students in joint groups including pupils from the 5-8 and 9-11 grade. Various interactive methods and techniques were used – informational films etc. The topics presented were aimed at increasing knowledge of the harm of smoking, alcohol and drug use. The accent was placed on the benefit of healthy eating and high physical activity as well as on the risk of traffic accidents. All participants were trained on how to provide first aid if necessary. A practical exercise for cardiac massage and artificial respiration was performed on a mannequin, which invoked considerable interest among the students.

The cycle of lectures and exercises ended with the filling out of an anonymous participant satisfaction survey, under the slogan „*LEARN MORE ABOUT HEALTH, SHARE AND EDUCATE*”.

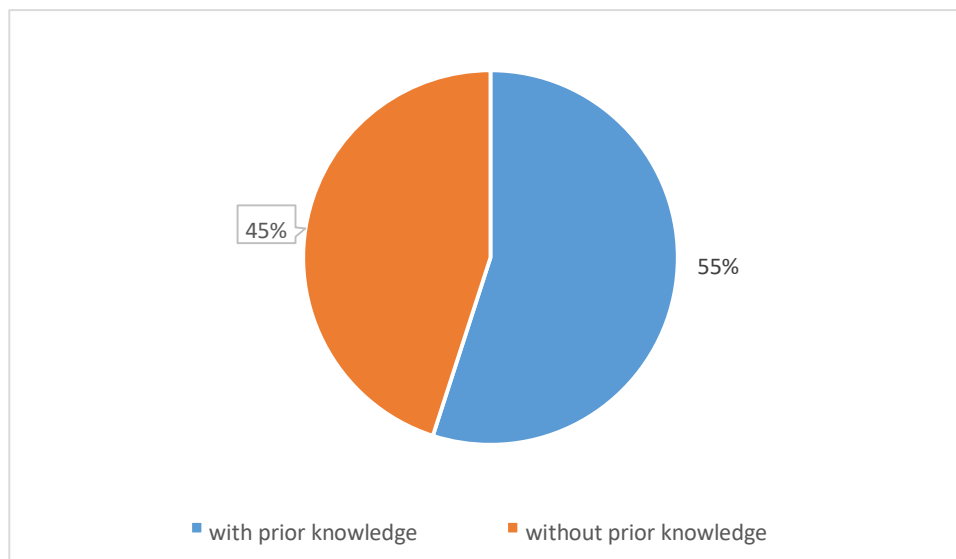
The results of the surveys allow us to take into account the opinion of the students that took part in the training and indirectly assess the benefits for the participants in the courses.

100% of the students indicated that they were satisfied with the topics discussed and approved of the method of their presentation as accessible and comprehensible.

More than half of the students (74%) from the Municipality of Krumovgrad reported that they had no prior knowledge in the topics presented. For the Municipality of Momchilgrad this percentage is approximately twice as small (36.5%).



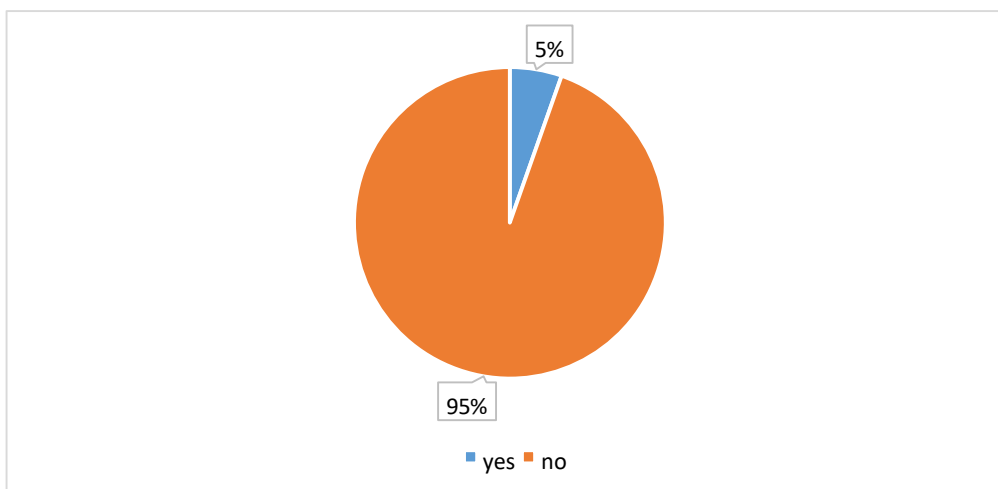
Figure 1. Did you have any prior knowledge in the topics presented?
(total for both municipalities)



The share of participants in the training seminars for students from both municipalities in total, that did not have prior knowledge in the topics discussed is 54.9%, which justifies the necessity for provision of new knowledge to young people in an accessible and comprehensible manner (Figure 1).

A small part of the participants in the training seminars held in Momchilgrad (10.5%) felt that they had not gained any new knowledge, while all participants from the municipality of Krumovgrad were of the opposite opinion and gave a positive answer. For both municipalities in total those students constitute only 5.4% (Figure 2).

Figure 2. Have you gained any new knowledge? (total for both municipalities)



The significant share of positive responses in the questionnaire (94.6% of the participants), is an indicator of the benefit of conducting the training seminars with respect to providing new knowledge to young people.

In both municipalities were held sports competitions organized by school managements. A minifootball tournament was held in Krumovgrad, in which participated 4 teams of 14 players each, two from the “Vasil Levski” Secondary School and the “Hr. Smirnenski” Vocational School of Transport respectively. In Momchilgrad a Sports Celebration Day was held with the participation of 43 pupils of the “Dr. Petar Beron” Secondary School and the School of Theology in various sports events.

During the sports events and training seminars in the schools of both municipalities 400 printed booklets containing educational materials on the main main CND health risk factors.

Under MEASURE 2:

Health education for increasing health literacy - activities targeted at the adult population, at medical personnel, municipal administration from the education and social sectors, school principals etc. through acquaintance with CND risk factors and the possibilities for their limitation.

ACTIVITY 1. Organizing of seminars

FULLY IMPLEMENTED

ACTIVITY 2. Conducting of one-day campaigns to combat unhealthy eating, smoking, alcohol abuse, drug use, the risks of immobility, stress, diabetes mellitus, hypertension, osteoporosis etc. by dissemination of health educational

materials among the population of settlements remote from the municipal centers Momchilgrad and Krumovgrad.

IMPLEMENTED TO A SIGNIFICANT DEGREE

ACTIVITY 3. Organizing and conducting of a townwide tourist excursion with sightseeing.

NOT IMPLEMENTED

In implementation of **MEASURE 2** a pilot training of the adult population of the municipalities Krumovgrad and Momchilgrad was carried out. In the seminar participated medical personnel of representatives of the municipal administration from the educational and social sectors, NGOs, local journalists as well as teachers / school principals. The seminar was carried out under the slogan „*PREVENTION IS BETTER THAN TREATMENT*” in two sessions, with 104 participants from Momchilgrad and 100 from Krumovgrad.

Beside the topics of healthy eating and health benefits of physical activity, significant attention was given to the causes and prevention of cardiovascular, oncological and pulmonary diseases. An important emphasis in the lectures was placed on the topics of diabetes and mental health. Lecturers presented the modern capabilities of telemedicine as a means of obtaining a second opinion - a useful and necessary tool for remote locations that are difficult to access and have a shortage of medical professionals, such as the two municipalities.

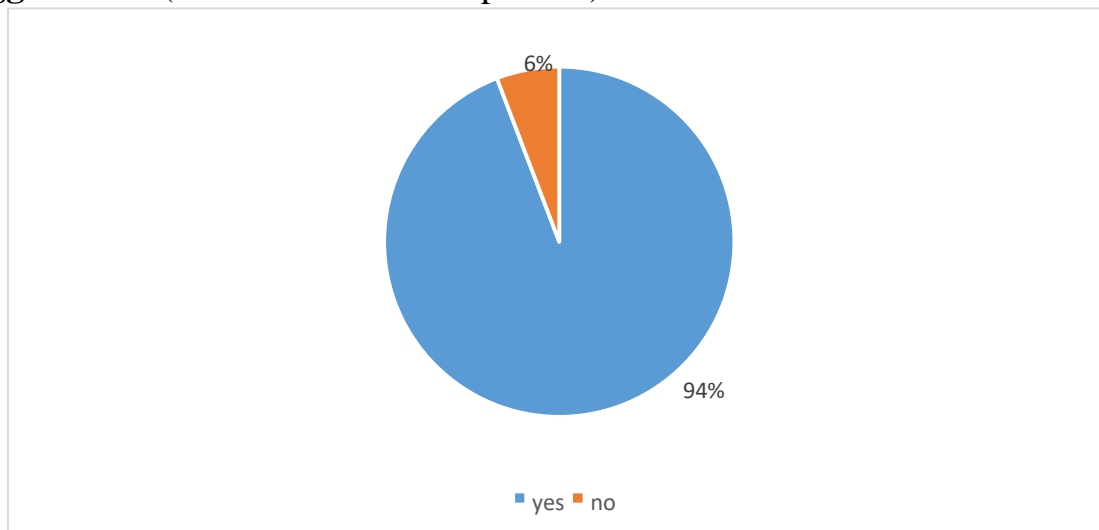
In the conducted satisfaction survey all participants from both municipalities were satisfied with the discussed topics and the manner of presentation of the information. They described it as accessible and comprehensible.

Only 12% of the participants in the seminars were of the opinion that the lectures did not enrich their prior knowledge. All participants from Krumovgrad gave a positive response and described the information they received as enriching.

A little above a third of the participant from both municipalities recommended the conduct of greater number of similar seminars and more frequent meetings with specialists from different medical fields (Figure 3).

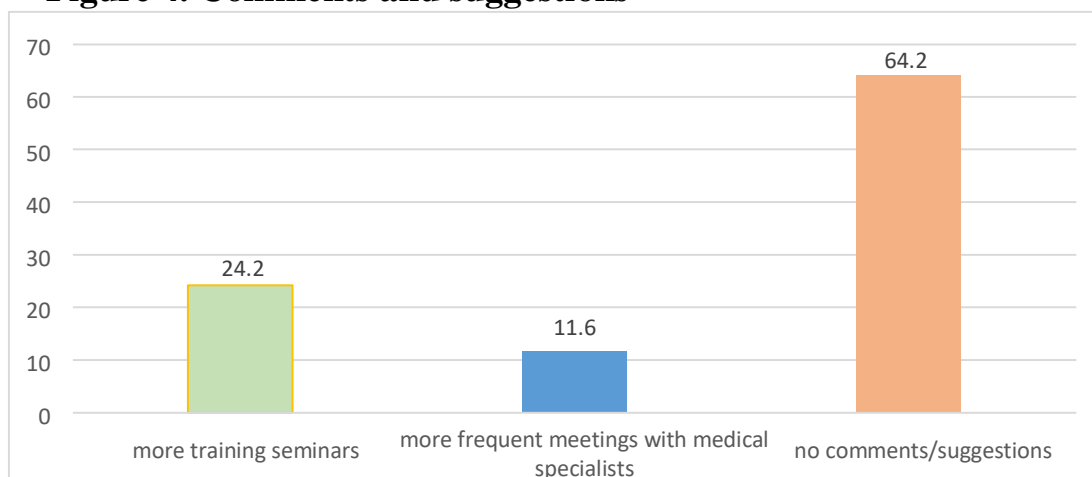


Figure 3. Was your knowledge enriched and do you have any suggestions? (total for both municipalities)



More than a half (64.2%) of the respondents did not provide any comments or suggestions about the training seminars conducted among adolescents and among the adult population. A fifth (24.2%) of them expressed interest in more such meetings that provide them with information on health, while 11.6% insisted form more trainings performed by physicians from different medical fields. (Figure 4).

Figure 4. Comments and suggestions



The results of the survey carried out among the participants in the training seminars under Measure 3, are a ground for positive assessment of the activity, due to the usefulness of the presented information and the enrichment of participants' knowledge. The respondents expressed interest in the conduct of more health trainings performed by medical specialists.

In both municipalities the World No Tobacco Day, the World Diabetes Day and the World Hypertension day were celebrated and 300 educational booklets on health were handed out.

II. LONG-TERM MEASURES

Under MEASURE 1: Conducting of free prophylactic examinations and screenings – activities targeted at the population of working age (25-65+ years):

ACTIVITY 1. Conducting of screenings to examine the lung function of smokers by spirometry. Providing practical advice on giving up smoking.

NOT IMPLEMENTED

ACTIVITY 2. Conducting of surveys among the population for arterial hypertension - age distribution, stress at home and at work.

NOT IMPLEMENTED

ACTIVITY 3. Conducting of prophylactic campaigns with measurements of the population's blood sugar and tips for prophylactics.

NOT IMPLEMENTED

ACTIVITY 4. Osteoporosis screenings with tips for proper nutrition and the benefits of high physical activity.

NOT IMPLEMENTED

ACTIVITY 5. Conducting of prophylactic examinations with measurement of blood sugar, recording of anthropometric status (height, weight, BMI), taking of venous blood for laboratory testing of total cholesterol, triglycerides and HDL-cholesterol and WHO standardized questionnaire on personal lifestyle (*Appendix 3 - Questionnaire*) to be filled in by each participant.

NOT IMPLEMENTED

The activities indicated under **MEASURE 1** were not implemented due to unsecured funding and lack of medical professionals in both localities. There are plans for their implementation in time with the assistance and cooperation of NGOs, pharmaceutical companies and with the participation of medical professionals from the hospitals "Dr. Sergei Rostovtsev" GHAC in Momchilgrad and "Life +" GHAC in Krumovgrad and GPs.



MEASURE 2: Providing living and working environments that improve the social determinants of health, equal access to medical services, living and working environments that strengthen health.

ACTIVITY 1. Socio-economic determinants of health

NOT IMPLEMENTED

ACTIVITY 2. Development of the healthcare system

IMPLEMENTED TO A VERY LOW DEGREE

ACTIVITY 3. Developing a capacity for health partnership

NOT IMPLEMENTED

ACTIVITY 4. Constant control and management of risk factors for public health related to the environment

IMPLEMENTED TO A VERY LOW DEGREE

ACTIVITY 5. Undertaking special actions for the prevention of vaccine-preventable diseases among vulnerable and marginalized groups of the population, which due to ethnic, cultural, social etc. specifics do not take advantage of the health insurance rights provided to them by the state, by facilitating the access to medical services, linking and combining them with various social services and methods of involving them in promotive etc. activities in the municipality, such as expanding the health mediator network and increasing their knowledge, skill and participation in the process of responsible decision-making about personal and public health.

IMPLEMENTED TO A VERY LOW DEGREE

ACTIVITY 6. Introducing modern health education programmes in kindergartens and schools and cultivating positive health habits: personal hygiene, food and healthy diet, harmful for health personal habits, environmental risk factors for health, protection from domestic and transport injuries, mental health, education on family life etc.

IMPLEMENTED TO A SIGNIFICANT DEGREE

Most of the long-term activities under **MEASURE 1 AND 2** were not implemented or were implemented to a very low degree, with the sole exception of activity 6, envisioning the introduction of modern health education programmes in kindergarten, which has been implemented to a significant degree. Unimplemented activities owe to a significant degree to the Covid pandemic and their postponement in order to prevent crowding of many people for the



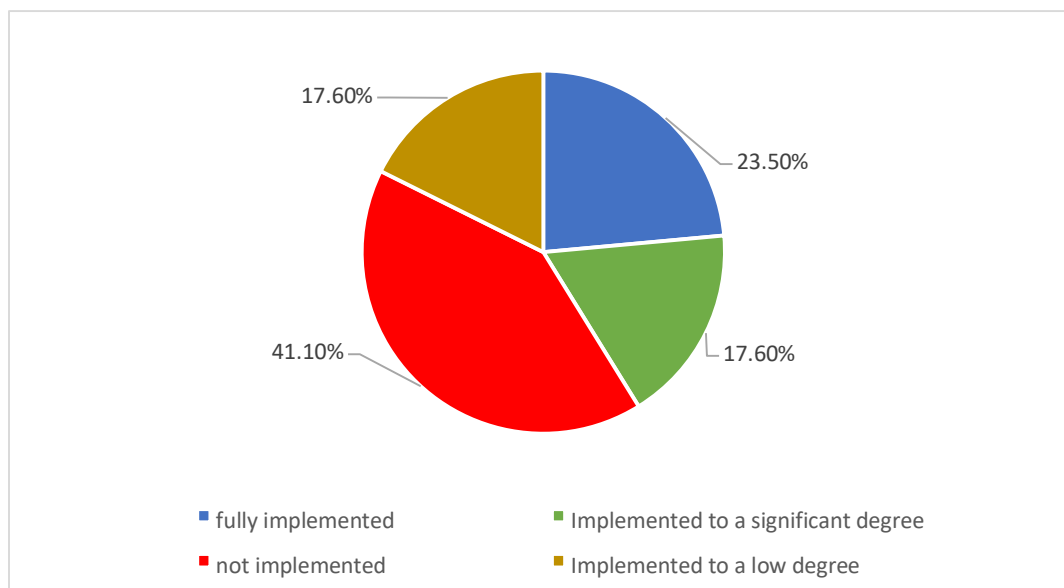


performance of screening and prophylactic osteoporosis and blood sugar tests, spirometry etc.

Table 1 and Figure 5 Implementation of the activities under the short-term and long term measures included in the preventive plan

	MEASURE	ACTIVITY	IMPLEMENTATION
Short-term	Measure 1	Activity 1	
		Activity 2	
		Activity 3	
	Measure 2	Activity 1	
		Activity 2	
		Activity 3	
Long-term	Measure 1	Activity 1	
		Activity 2	
		Activity 3	
		Activity 4	
		Activity 5	
	Measure 2	Activity 1	
		Activity 2	
		Activity 3	
		Activity 4	
		Activity 5	
		Activity 6	





As visible from the graph in Figure 5 approximately a quarter of the activities envisaged in the prevented plan have been completely implemented, while 17.6% have been implemented to a low degree. Less than half of the activities (41.1%) were not implemented due to various reasons. Overall, more than a half of the short-term and long-term activities (58.9%) in the cross-border preventive plan have been implemented, although to varying degrees.

IDENTIFICATION AND ANALYSIS OF THE CHALLENGES DURING THE IMPLEMENTATION OF THE PILOT ACTIVITIES

The concerns of local authorities with respect to the completion of the activities set out in the Preventive health development plan are related to a number of challenges obstructing their implementation.

The most common and widespread cause on the part of the population is the insufficient involvement of a significant part of the inhabitants of the municipalities, the low level of health culture as well as the permanent establishment of harmful habits related to the use of alcohol, smoking and unhealthy eating.

On the other hand, a significant problem constitutes the shortage of medical professionals and more specifically: the insufficient number of emergency teams, GPs, physicians of various clinical specialties, working in outpatient care. The shortage of human resources in the field of healthcare reflects negatively on the access of the population to timely and quality medical care to which they are



legally entitled. Notable is the high median age of medical professionals working in both municipalities and the lack of young medical personnel, which dooms healthcare in Krumovgrad and Momchilgrad to lingering and fading out.

A part of the challenges before both municipalities are related to existing regulations and in particular the Law on Health Establishments, which do not take into account the specifics and peculiarities of remote places and the shortage of medical professionals due to their unwillingness to work in such conditions.

The unimplemented activities related to: increasing the health culture and competence of vulnerable groups of the population – illiterate and permanently unemployed people; overcoming the issue of unequal access of the population from inaccessible and remote settlements to health care, by attracting medical professionals and introducing telemedicine; activities facilitating the purification and control of purity of air, drinking water, soil etc. require durable and long-term provision of significant financial resources from the municipal budget, which at the moment creates significant obstructions before the implementation of a part of the indicated activities to their full extent.

An obstacle to the implementation of the activities of the preventive plan was also the Covid pandemic ongoing for already year and a half. In relation to this a significant part of the population did not take part in the activities, while others (conducting of prophylactic and or screening examinations, townwide excursions etc.) were postponed.

GOOD PRACTICES IN THE IMPLEMENTATION OF ACTIVITIES UNDER THE PREVENTIVE PLAN

Despite the existing challenges, municipal authorities put in maximal effort to carry out an effective health policy that improves and preserves the health of the population in both municipalities.

An example of good practice are the annually held sports events in schools, that aim to improve the physical culture and strengthening the health of the participants in sports tournaments.

With the assistance of pharmaceutical companies and in partnership with university and local hospitals in both municipalities screening prophylactic medical examinations are being organized for early diagnosis of socially significant diseases - arterial hypertension, diabetes mellitus, malignancies, etc.



The municipal authorities and institutions direct active measures towards creating conditions for guaranteed access of the population to healthcare, through opening up new practices for general practitioners and/or attracting medical professionals to vacant practices in remote places. The policy for attracting medical personnel, incl. specialists for work in outpatient medical establishments, includes the free-of-charge provision of premises for carrying out their activity and other incentives.

SUMMARY

The cross-border preventive health policies plan of the municipalities of Krumovgrad and Momchilgrad includes short-term and long-term measures, which are found by the representatives of the local municipal authorities to be good, appropriate, relevant and useful for the attainment of healthy living conditions. Although a non-negligible part of the activities under the CPP were fully or partially unimplemented, most of them were included in the Integral Development Plan of the municipalities of Momchilgrad and Krumovgrad for 2021-2027, which confirms the necessity of their implementation, in order to tackle identified problems, reduce morbidity and improve health status and quality of life.

