

Deliverables 6.3. 2 Evaluation and impact assessment plan

Contribution to the overall evaluation of the impact of the health projects/actions of IP9.a.

1 . Healthcare in the Bulgarian part of the cross-border region between Greece and Bulgaria

The Bulgarian part of the cross-border region between Greece and Bulgaria includes the districts of Blagoevgrad, Smolyan, Kardjali and Haskovo. The total territory covers 18,397.3 square km and, according to the data of the National Statistical Institute (NSI) for 2019, it is inhabited by 789,747 people (or 11.36% of the entire population of the country). The relief of the region is diverse, with a significant part of it being mountainous and high-mountainous with difficult transport access and a number of hard-to-reach settlements. This poses serious challenges to the development of the region, among the most important of which is ensuring equal access to healthcare for all residents.

1.1. Blagoevgrad District

Blagoevgrad District covers an area of 6,452.3 square km or 5.8% of the country's territory. The administrative division includes 14 municipalities, 96 town halls and 280 settlements. According to NSI data, as of 31.12.2019, the population of the district is 302,694 people. The municipalities with the largest population are Blagoevgrad (74,825), Petrich (48,992) and Sandanski (37,074), and the smallest in terms of population are Kresna (5,423) and Belitsa (9,199). The working-age population has a share of 61.2%, with the over-working-age population (23.1%) significantly exceeding the share of the under-working-age population (15.7%).

Hospital care is provided by 11 medical facilities, 5 of which are multi-specialty hospitals, with a total of 1,694 beds. Another 85 medical facilities provide outpatient care, with 50 medical-diagnostic and medical-technical laboratories (MD/MTL) operating.

Table 1. Information about medical facilities in the Blagoevgrad region

District	Treatment facilities for hospital care						Treatment facilities for outpatient care			Other medical and health facilities	
	Total		Hospitals				Total		Including. MD/ MTL		
	Number	Beds	Total		Including. MBAL						
			Number	Beds	Number	Beds	Number	Beds	Number	Beds	Beds
Blagoevgrad	11	1 694	10	1 614	5	1 103	85	30	50	4	20

Source: National Statistical Institute

According to data from the Ministry of Health, as of 01.01.2021, the following medical facilities for inpatient medical care are registered in the Blagoevgrad region:

- MBAL "Blagoevgrad" JSC
- MBAL "Ivan Skenderov" EOOD - Gotse Delchev
- МБАЛ "Razlog" EOOD
- Medical College "Pulse" JSC
- MBAL "Southwestern Hospital" EOOD - Sandanski
- MBAL "Southwestern Hospital" EOOD - branch Petrich

- SBALO "Sveti Mina" EOOD
- SBALPFZ EOOD
- SBR "Marikostinovo" EOOD
- SBR "Petrich" EOOD
- CPP - Blagoevgrad
- SBR-NK - Sandanski branch

Emergency medical assistance in the district is carried out by CSMP - town of Blagoevgrad , structured in 10 branches - in town of Blagoevgrad , town of Bansko , town of Gotse Delchev , town Kresna , town Petrich , town of Razlog , town of Sandanski , town of Satovcha , the town of Simitli and in the town of Yakoruda.

The total number of doctors in the district is 901 and the population of one doctor is 336 people ¹. Similarly, there are 308 dentists, and the population of each of them is 983 people. For comparison, the national average is 235 people per doctor and 942 people per dentist. Although the values for Blagoevgrad District are above the average for the country (in terms of dental doctors quite close to the average values for Bulgaria), they are relatively favorable compared to other cross-border districts, placing Blagoevgrad District in second place (after district Smolyan).

Table 2. Medical staff and population insurance, Blagoevgrad region, 2019.

Indicator	Blagoevgrad District
Doctors (no.)	901
Coverage of the population with doctors (per 10,000 people)	29.8
Dentists (no.)	308
Provision of the population with dentists (per 10,000 people)	10.2
Medical specialists in health care (no.)	1,504
Coverage of the population with medical health care professionals (per 10,000 people)	49.7

Source: National Statistical Institute

1.2. Smolyan district

Smolyan District covers an area of 3,192.9 square km or 2.9% of the country's territory. The administrative division has 10 municipalities, 103 town halls and 242 settlements. According to NSI data, as of 31.12.2019, the population of the district is 103,532 people. The municipalities with the largest population are Smolyan (35,829), Madan (10,698), Devin (10,696) and Zlatograd (10,555), and the smallest in terms of population are Borino (3,071) and Banite (3,722) . The working-age population has a share of 58.7%, with the over-working-age population (29.1%) significantly exceeding the share of the under-working-age population (12.2%).

¹The provision of the population with medical personnel, as well as the population indicators of one doctor and one dentist, are calculated with the number of the population at the end of the respective year.

Hospital care is provided by 8 medical facilities, 4 of which are multi-specialty hospitals, with a total of 1,054 beds. Another 39 medical facilities provide outpatient care, with 27 medical-diagnostic and medical-technical laboratories (MD/MTL) functioning.

Table 3. Information about medical facilities in Smolyan region

District	Treatment facilities for hospital care						Treatment facilities for outpatient care			Other medical and health facilities	
	Total		Hospitals				Total		Including. MD/ MTL		
	Number	Beds	Total		Including. MBAL						
			Number	Beds	Number	Beds	Number	Beds	Number	Beds	Beds
Smolyan	8	1 054	7	1 014	4	582	39	12	27	2	22

Source: National Statistical Institute

According to data from the Ministry of Health, as of 01.01.2021, the following medical facilities for inpatient medical care were registered in the Smolyan region:

- MBAL "Devin" EAD
- MBAL "Prof. Dr. Konstantin Chilov" EOOD - Madan
- MBAL "Dr. Bratan Shukerov" JSC - Smolyan
- MBAL "Prof. Dr. Asen Shopov" EOOD - Zlatograd
- SBR "Orpheus" EOOD - Devin
- SBR "Rodopi" EOOD
- CPZ "Smolyan" EOOD
- SBR – NK. Banite branch

Emergency medical assistance in the district is carried out by CSMP - town of Smolyan , structured in 9 branches - in town of Smolyan , town of Zlatograd , town of Devin , town Rudozem , town of Chepelare , town of Banite , town of Dospat , the town of Madan and in the town of Nedelino.

The total number of doctors in the district is 322 and the population of one doctor is 322 people. Similarly, there are 122 dentists, and the population of each of them is 849 people. When compared with the average for the country, it can be seen that the indicator for doctors is higher in the Smolyan region, but that for dentists is lower. Moreover, the values for the area are the most favorable of the four cross-border areas.

Table 4. Medical staff and population insurance, Smolyan region, 2019.

Indicator	Smolyan district
Doctors (no.)	322

Coverage of the population with doctors (per 10,000 people)	31.1
Dentists (no.)	122
Provision of the population with dental doctors (per 10,000 people)	11.8
Medical specialists in health care (no.)	648
Coverage of the population with medical health care professionals (per 10,000 people)	62.6

Source: National Statistical Institute

1.3. Kardzhali district

Kardzhali district covers an area of 3,209.1 square km or 2.9% of the country's territory. The administrative division includes 7 municipalities, 370 town halls and 468 settlements. According to NSI data, as of 31.12.2019, the population of the district is 158,204 people. The municipalities with the largest population are Kardzhali (70,097) and Kirkovo (22,375), and the smallest in terms of population are Chernoochene (8,772) and Jebel (9,386). The working-age population has a share of 60.1%, with the over-working-age population (24.7%) significantly exceeding the share of the under-working-age population (15.2%).

Hospital care is provided by 6 medical facilities, 5 of which are multi-specialty hospitals, with a total of 826 beds. Another 21 medical facilities provide outpatient care, with 16 medical-diagnostic and medical-technical laboratories (MD/MTL) functioning.

Table 5. Information about medical facilities in Kardzhali region

District	Treatment facilities for hospital care						Treatment facilities for outpatient care			Other medical and health facilities	
	Total		Hospitals				Total		Including. MD/ MTL		
	Number	Beds	Total		Including. MBAL						
			Number	Beds	Number	Beds	Number	Beds	Number	Beds	Beds
Kurdzhali	6	826	6	826	5	556	21	16	16	6	132

Source: National Statistical Institute

According to the data of the Ministry of Health, as of 01.01.2021, the following medical facilities for inpatient medical care were registered in the Kardzhali region:

- MBAL "Ardino" EOOD
- Medical College "Dr. Atanas Daffovski" AD - Kardzhali
- "Life+" EOOD - Krumovgrad
- MBAL "Kardjali" Ltd
- "Sergei Rostovtsev" EOOD - Momchilgrad

Emergency medical assistance in the district is carried out by the CSMP - town of Kardjali , structured in 8 branches - in the town of Kardjali , town of Momchil grad, with . Chernoochene , town of Krumov , town of Ardino , town of Jebel , village Kirkovo , Chorbazhiysko village .

The total number of doctors in the district is 393 and the population of one doctor is 403 people. Similarly, there are 129 dentists and the population of each of them is 1,226. When compared with the national average, it can be seen that the values for the Kardzhali region significantly exceed the national average, respectively, and are the most unfavorable compared to the other regions that are the subject of the analysis

Table 6. Medical staff and population insurance, Kardzhali region, 2019.

Indicator	Kardzhali district
Doctors (no.)	393
Coverage of the population with doctors (per 10,000 people)	24.8
Dentists (no.)	129
Provision of the population with dental doctors (per 10,000 people)	8.2
Medical specialists in health care (no.)	837
Coverage of the population with medical health care professionals (per 10,000 people)	52.9

Source: National Statistical Institute

1.4. Haskovo region

Haskovo district covers an area of 5,543 square km or 2.9% of the country's territory. The administrative division includes 11 municipalities and 261 settlements. According to NSI data, as of 31.12.2019, the population of the district is 225,317 people. The municipalities with the largest population are Haskovo (85,460) and Dimitrovgrad (46,284), and the smallest in terms of population are Madzharovo (2,051), Ivaylovgrad (5,600) and Stambolovo (5,916). The working-age population has a share of 57.9%, with the over-working-age population (26.6%) significantly exceeding the share of the under-working-age population (15.5%).

Hospital care is provided by 11 medical facilities, 5 of which are multi-specialty hospitals, with a total of 1,101 beds.

Table 7. Information about medical facilities in Haskovo region

District	Treatment facilities for hospital care						Treatment facilities for outpatient care			Other medical and health facilities	
	Total		Hospitals				Total		Including. MD/ MTL		
	Number	Beds	Total		Including. MBAL						
			Number	Beds	Number	Beds	Number	Beds	Number	Beds	Beds
Haskovo	11	1 101	10	1 021	5	802	61	41	42	5	38

Source: National Statistical Institute

Another 61 medical facilities provide outpatient care, with 42 medical-diagnostic and medical-technical laboratories (MD/MTL) functioning.

According to the data of the Ministry of Health, as of 01.01.2021, the following medical facilities for inpatient medical care are registered in Haskovo region:

- MBAL "Haskovo" JSC
- MBAL "St. Ekaterina" EOOD, Dimitrovgrad
- MBAL "Harmanli" EOOD
- MBAL "Svilengrad" EOOD
- SBALVB "Topolovgrad" EOOD
- SBDPLR "Lubimets" EOOD
- MBAL "Higiya" OOD, town of Haskovo
- SBALPFZ "Haskovo" EOOD
- SBALO "Haskovo" EOOD (serves the population of Haskovo and Kardzhali regions)
- Haskovo EOOD Center for Mental Health
- CKVZ - Haskovo EOOD
- SBR "Ailin", Mineralni Bani village

Emergency medical assistance in the district is carried out by CSMP - town of Haskovo, structured in 8 branches - in town of Haskovo, town of Dimitrovgrad, town of Harmanli, town of Svilengrad, town of Lyubimets, town of Simeonovgrad, town of Topolovgrad, town of Ivaylovgrad. An outsourced medical emergency team works on the territory of Madjarovo municipality.

The total number of doctors in the district is 901 and the population of one doctor is 340 people. Similarly, there are 308 dentists, and the population of each of them is 1,155 people. When compared with the national average, it can be seen that the values for the Kardzhali region significantly exceed the national average, placing the region after the Blagoevgrad and Smolyan regions and before the Kardzhali region.

Table 8. Medical staff and population insurance, Haskovo region, 2019.

Indicator	Haskovo region
Doctors (no.)	901
Coverage of the population with doctors (per 10,000 people)	29.4
Dentists (no.)	308
Provision of the population with dental doctors (per 10,000 people)	8.7
Medical specialists in health care (no.)	1,504
Coverage of the population with medical health care professionals (per 10,000 people)	51.9

2. Investment priority 9a of the INTERREG VA "Greece-Bulgaria 2014-2020" Cooperation Program

2.1. Description of Investment Priority 9a

The main objective of the activity is to establish the effects of the implementation of the projects within priority 9a of the INTERREG VA Cooperation Program "Greece-Bulgaria 2014-2020":

- Investing in health and social infrastructure that contributes to national, regional and local development, reducing inequalities in health status, promoting social inclusion through improved access to social, cultural and recreational infrastructure

Investment priority 9a:

Investing in health and social infrastructure that contributes to national, regional and local development, reducing inequalities in health status, promoting social inclusion through improved access to social, cultural and recreational infrastructure

Investment priority 9a is part of Thematic Objective 09. Promotion of social inclusion, the fight against poverty and any form of discrimination. It was formulated on the basis of the preliminary studies, which show that the indicators of the state of health in the cross-border region have long been unsatisfactory despite the presence of a sufficient amount of health infrastructure, which indicates a lack of efficiency in the application and/or distribution of such resources. Moreover, the increase in poverty in the area is now putting more pressure on the health systems and therefore improving their efficiency is of paramount importance in the cross-border region ².

The implementation of investment priority 9a falls within the framework of Priority axis 4. Socially inclusive cross-border region of the Program, aiming to improve the efficiency of the primary health care system, which shows better territorial and social coverage than secondary and hospital care and on this way covers the most disadvantaged communities - with the aim of redirecting a significant volume of health services from hospitals to primary care facilities and indirectly providing better health coverage to remote and/or socially excluded communities. Accordingly, the focus is placed on actions that promote the quality and efficiency of primary care services and value-added activities such as telemedicine and mobile health services.

Expected results include both short-term (increased capacity) and medium/long-term results (increased access for vulnerable groups).

- Increased capacity and efficiency of the primary health care system - which shows better territorial and social coverage than secondary and tertiary health care, and more specifically:

²The cooperation program INTERREG VA "Greece-Bulgaria 2014-2020", 1st modification

- Enhanced diagnostic and therapeutic procedures provided at the primary health care level
- Increased quality and efficiency of primary health care
- Diversion of a significant volume of health care visits from secondary and tertiary care facilities to primary care facilities
- Increased access to health care for vulnerable groups and marginalized communities with high cross-border mobility

The target groups that are addressed include vulnerable population groups (e.g. disabled, poor, etc.), population groups showing a high incidence of health problems and high cross-border mobility (e.g. Roma, illegal migrants, etc.), border zone or buffer zones with low access to health care, and the identified problems are addressed through the following activities

- Support for reference centers (for health threats, rare diseases, organ donation) and develop joint cross-border plans and principles for sharing human and information resources
- Encouraging collaboration between health authorities by implementing the shared use of resources and expertise in cross-border healthcare provision where added value can be achieved
- Support for renovation and equipment of existing and new primary health care practices in the cross-border area with severe limitations in access to primary health care
- Support for the development of cross-border mobile services, telemedicine and telecommunications infrastructure and other technology - based methods of health care delivery to alleviate local shortages of health workers

2. 2 . Presentation of the projects under Investment Priority 9a

The projects implemented in implementation of Priority 9a of the Program during the program period 2014-2020 are 13, and the beneficiaries under them are 53 organizations - respectively 30 from Greece (Aristotle University is a beneficiary of 2 projects, but with two different departments) and 23 from Bulgaria.

Table 9. Projects under Priority 9a of the INTERREG VA "Greece-Bulgaria 2014-2020" Cooperation Program

Project	Lead Partner / Country
1. e-SOHECA	Municipality of Nestos (Greece)
2. E/HEALTH	Center for Emergency Medical Assistance, Kardzhali (Bulgaria)
3. eHealth Monitoring	Care and Tolerance Center, Komotini Municipality (Greece)
4. equal2health	Main hospital of the city of Thessaloniki "G. Papanikolaou", Psychiatric Clinic (Greece)
5. Health Care Center	Regional Health Inspection - Blagoevgrad (Bulgaria)
6. HS-Care	Strumyani Municipality (Bulgaria)
7. INTERSYC II	"The Smile of the Child" (Greece)
8. Med4All	Gotse Delchev Municipality (Bulgaria)
9. MediciNet II	General Hospital "Sismanogleio" - Komotini (Greece)

10. RemoteCARE	Municipality of Oreokastro (Greece)
11. SMART_MED	Municipality of Dimitrovgrad (Bulgaria)
12. SMiLe	Fourth Health Region of Macedonia and Thrace (Greece)
13. The Healthy Mun	Regional Development Agency of the Prefecture of Rhodope (Greece)

Source: <http://www.greece-bulgaria.eu>

The implementation of some projects has ended, while others have been upgraded (eg SMiLe, Intersyc II, HealthCareCenter , e/Health, etc.) ³involving the implementation of activities and the purchase of additional equipment to support the fight against Covid-19 , with their implementation continuing to the time of preparation of this document.

2.2.1. e-SOHECA project

The idea of the e-Social Health Care project (with the acronym e-SOHECA) ⁴stems from the fact that the partners are located in remote locations from major medical centers, due to which the inhabitants of these areas face serious difficulties in terms of the accessibility and quality of fundamental health care. The issue intensifies especially when it comes to citizens with disabilities and residents who reside in areas that are far from the urban centers of the respective municipalities (such as villages and remote settlements), thus increasing the risk of these people being left without appropriate emergency health care. Accordingly, its implementation aims to build a telemedicine system for providing medical services for measuring health indicators of patients at home . It is implemented through:

- Creation of web medical files for the residents of the area where all measurement data will be uploaded and stored and accessible at any time through the system by the volunteer doctors etc.
- Provision of health and social services for elderly residents and people with disabilities
- Stimulating network participants that will ensure the success and sustainability of the project to eliminate social discrimination and promote equal treatment and social inclusion of people, regardless of where they live.

In this way, it facilitates the prevention of medical emergencies and contributes to the conduct of various studies on the medical condition of the area, as it will have the capacity to store the measured data to provide vital demographic data measurements and data for future use.

In addition, advanced medical equipment connected to the modernized Topeiros Web Health System (multilingual, cross-platform) has been delivered, with selected network participants (teams) equipped with the same medical equipment and personal computers to provide ad hoc health services in emergency situations and be able to provide elderly or disabled people with a special medical device to perform measurements at home.

The project was implemented in partnership between the following organizations:

- Municipality of Nestos (Greece) – leading partner

³ The list is not exhaustive

⁴ <http://e-socialhealthcare.eu/>

- Municipality of Topiros (Greece)
- Municipality of Zlatograd (Bulgaria)

2.2.2. E/HEALTH project

The project "Getting emergency/everyday medical care by promoting innovation in the Greece-Bulgaria cross-border region" (with the acronym e/Health) includes activities that improve cooperation between the two countries in the health sector in the cross-border region. For this purpose, the facilities for the services provided in key regional hospitals are improved, increasing the quality of medical services, the competence of the emergency unit and primary health care in Kardzhali and the Emergency Care in Kavala, Greece in terms of equipment and the capacity of the medical staff (doctors and paramedics), builds the network of medical care providers in the cross-border area and improves the cooperation of civil protection stakeholders in emergency situations. Telemedicine tools for ambulances and hospitals, as well as mobile units at targeted test sites, greatly increase the capacity of a limited number of medical professionals to respond to an emergency situation caused by natural or man-made disasters.

The results of the project are:

- Improved access to primary and emergency health care in disadvantaged and isolated communities
- Build the capacity of medical staff and better equipped primary health care units
- It improves the readiness of partners to respond in the event of an emergency. The data that will be collected during the implementation and the conclusions derived from them will be used for future improvements in the primary health care system in the region and included in the administrative procedures of the health institutions.

The project was implemented in partnership between the following organizations:

- Center for emergency medical care, Kardzhali (Bulgaria) - leading partner
- Kavala General Hospital (Greece)
- Medical Association of Kavala (Greece)

2.2.3. eHealth Monitoring Project

The project "Improving access to health care through a personal health monitoring system" (with the acronym eHealth Monitoring) ⁵promotes innovative technologies to improve primary and emergency health care (in isolated and poor communities) in the cross-border region by providing a personalized mobile health system. monitoring. More specifically, the aim is to create an integrated health information system based on modern information and communication technologies, which allows monitoring of health parameters outside the traditional hospital environment while creating a permanent connection between patients and health care personnel . In this way, conditions for equal access, quality and efficiency of health monitoring in society are ensured.

⁵ <http://www.ehealthmonitoring.eu>

In this context, the goals of the project were also formulated:

- Implementation of an improved system based on advanced information and communication technologies, enabling more effective treatment and care, a direct result of new opportunities offered in the field of e-health
- Creating an easy-to-use system that supports people's equal access to health services
- Creation of a valuable information system, increasing the quality of life of the population
- Proposing models for intelligent remote monitoring of patients' health status
- Reducing mortality through a reliable, easy-to-use and efficient intelligent care system
- Ensuring seamless adaptation between different types of biosensors
- Demonstrates architecture in a medical environment
- Providing fast, remote monitoring of patient health
- Introducing a new eHealth approach to clinical practice
- Remote monitoring of patients' condition by medical professionals
- Reducing geographic / physical boundaries as barriers for individuals seeking quality medical services

The achieved results are :

- Designing the system to provide comprehensive and reliable biomedical data collection
- Intelligent hierarchical integration
- System networks
- Development of an innovative remote health monitoring system meeting all requirements for further integration in line with future needs

The project was implemented in partnership between the following organizations:

- Center for Care and Tolerance, Municipality of Komotini (Greece) – lead partner
- Central Union of Municipalities in Greece (Greece)
- Faculty of Economics, Democritus University of Thrace (Greece)
- Municipality of Kirkovo (Bulgaria)
- EURORADAR Association (Bulgaria)

2.2.4. EQUAL2HEALTH project

The main objective of the project "Reducing inequalities in access to primary health care for socially significant diseases among needy communities in cross-border areas" (with the acronym EQUAL2HEALTH) ⁶is to reduce health inequalities in the cross-border region and contribute to redirecting a significant volume of health services currently provided by hospitals to primary care facilities and indirectly provide better health coverage to remote and /or socially excluded communities through:

- Prevention (medical examinations) of citizens (especially socially vulnerable groups) aimed at socially significant diseases

⁶<https://equal2health.eu>

- Promoting health prevention and 'health literacy' of socially excluded communities with a view to better understanding and use of primary health care services
- Fostering a supportive environment for a healthy lifestyle
- Innovating health care systems - through recommendations and action plans
- Building the capacity of medical staff through research, training, transfer of know-how to deal with specific diseases, as well as with patients from different vulnerable groups (acceptable patterns of behavior related to their culture and customs)

The project outputs include both short-term and medium/long-term results:

- Supporting access to better healthcare in hard-to-reach and remote regions (target areas) where services are poorly developed, as well as informing disadvantaged groups that have difficulty accessing (e.g. low education level, etc.) , for the health services and opportunities provided
- Identifying root causes of health inequalities (for specific diseases) and alleviating indicators of low health in disadvantaged communities through pilot health screenings, training and mobilization of key stakeholders, social and health agents and mediators, health providers services, decision makers, etc.
- Promotion of programs for health promotion and early prevention of people from groups with increased vulnerability to socially significant diseases and mental disorders
- Innovating health care systems through health policy recommendations and action plans to improve health literacy and patient empowerment, to promote adherence to prevention, treatment and proper follow-up care
- Positive impact on disease prevention in disadvantaged communities, resulting in fewer cases of disease being treated by secondary health services
- Building the capacity of medical personnel through research, training, transfer of know-how between countries and medical personnel in isolated and deprived areas to deal with specific diseases as well as patients from various vulnerable groups
- Increase the capacity of public authorities and other stakeholders to develop and/or improve existing health policies and action plans in line with relevant EU health equity strategies/programmes and the World Health Organization action plans health organization for the examined diseases (mental, heart diseases, diabetes, etc.)

One of the main results of the project is the creation of a Joint Observatory for socially significant diseases in the Cross-Border Zone. The observatory is located in the building of the Psychiatric Department of the Main Hospital "G. Papanikolaou" in Stauroupoli, Thessaloniki. The observatory is equipped with newly purchased equipment for the main socially significant diseases: cardiovascular, respiratory, diabetic, psychiatric and neurological and is easily accessible (and targeted) to socially vulnerable groups for medical examinations and consultations. In Smolyan, a secondary (auxiliary) office is housed in the building of the Regional Health Insurance Fund, mainly for administrative activities (data collection and analysis, indicators, planning, etc.).

The purpose of the Observatory is to play the role of "Observatory of socially significant diseases" for the population of the Transboundary Zone with a specific focus on westernized areas (at risk of poverty), isolated (mountainous, rural areas with limited access to primary health care units) and marginalized (eg former drug addicts, Roma, etc.) communities most disadvantaged in accessing health care

The observatory provides the following services and activities:

- Analysis of the current situation in the cross-border area: relevant strategies, policies, programs, previous action plans and their results, available statistics, health indicators. Development and collection of data and indicators on health inequalities by age, gender, socio-economic status and geographic dimension
- Basic medical examinations for reference diseases: mainly cardiovascular diseases (including cholesterol), chronic respiratory diseases and diabetes, psychiatric diseases / depression and headache
- Conducting a campaign to raise awareness among the population about preventive medical examinations, as well as "prevention through a healthy lifestyle"
- Creation of an "Open Network" between various stakeholders such as: medical staff, local and regional authorities, hospitals and primary health care units, regional and national health authorities, civil society, etc. for the exchange of: a) know-how about the specific diseases (e.g. presentations-training from partners in psychiatry and cardiology): causes, treatment, prevention, etc.
- Stakeholder brainstorming to reduce barriers to equitable access to the primary health care system for specific isolated communities without access

The project was implemented in partnership between the following organizations:

- Main hospital of the city of Thessaloniki "G. Papanikolaou", Psychiatric Clinic (Greece) - leading partner
- Association of Cardiologists of Northern Greece (Greece)
- Intermunicipal Agency of the Western Province of Thessaloniki "Nepheli" (Greece)
- Regional Health Insurance Fund - Smolyan (Bulgaria)
- General hospital for active treatment Devin EAD (Bulgaria)
- Diagnostic - advisory center "Alexandrovska" EOOD (Bulgaria)

2.2.5. Health Care Center Project

The main goal of the project "Improving the quality and accessibility of social healthcare services in cross-border regions" (with the acronym Health Care Centre) ⁷is to improve the accessibility and quality of medical services for the population in areas with limited access and vulnerable population groups, with aim to increase the capacity and efficiency of the primary care system for better territorial and social coverage in deprived of high-quality health services and isolated communities (districts), as well as increasing cross-border connectivity and mobility.

The project includes activities to invest in health and social infrastructure to improve the delivery of health services, including emergency services, as well as the promotion of cooperation between regional, local and health authorities and organizations, with the aim of

⁷ <http://healthcarecentre.eu/>

sharing resources and expertise in the field of health care, as well as the development of joint cross-border plans and programs for the exchange of personnel and information resources from the competent health structures and emergency aid centers in the areas of the cross-border region.

Emphasis is placed on the needs and measures to be taken to improve the provision of health services, incl. in emergency services, as well as for the more effective prevention of socially significant diseases such as cardiovascular diseases, the risk of cancer, diabetes, etc., in areas with limited access to highly specialized medical activities throughout the cross-border region through the introduction of mobile medical offices, with mobile equipment for telemedicine services, as well as the joint training of medical personnel of health authorities in the medical emergency system with a focus on the use of telemedicine and joint emergency action plans and protocols in crisis situations.

As a result of the project, mobile medical equipment was provided for the project partners, incl. delivery of mobile units for mobile health services and specialized equipment for telemedicine in remote border areas, including technical and laboratory equipment.

Project activities focus on actions that promote the quality and efficiency of primary health care services and value-added activities such as telemedicine and mobile health services, increasing collaborative capacity, efficiency and effectiveness for emergency response in the cross-border area, and increased access to health care for vulnerable groups (specific to cross-border areas) and/or residents of hard-to-reach border areas based on an integrated approach to emergency medical care.

In addition, the project contributes to building the capacity for healthy behavior in the population within the scope of the project by raising the awareness of vulnerable groups. The implemented explanatory campaign is directly aimed at increasing long-term sustainable preventive medical services.

The project was implemented in partnership between the following organizations:

- Regional Health Inspectorate – Blagoevgrad (Bulgaria) – leading partner
- Papageorgiou Hospital - Thessaloniki (Greece)
- Center for Emergency Medical Assistance - Blagoevgrad (Bulgaria)
- Organization for Social Protection and Solidarity - Municipality of Halkidona (Greece)
- Organization for Social Protection and Solidarity - Municipality of Lagadas (Greece)

2.2.6. HS-Care project

The overall goal of the project "Providing health care and social services to vulnerable communities in the Transgranic region between Greece and Bulgaria" (with the acronym HS-Care) ⁸is to promote social inclusion and create conditions for the integration of people with disabilities, disadvantaged children, persons sentenced to probation, elderly people with mental health problems, cancer patients and their families, by opening new and renovating existing centers for social services in the municipalities of Strumyani and Topolovgrad and purchasing a mobile unit in Evros. This is realized through the following objectives:

- Improving access to primary and emergency medical care (in isolated and poor communities) in the cross-border area

⁸ www.strumyani.org

- Strengthening primary medical care in isolated and underprivileged cross-border areas
- Promotion of social inclusion, the fight against poverty and any kind of discrimination

The goal of the partners in this project is to create conditions for maintaining a full life for those in need, their social inclusion in society and to provide primary psychological assistance to vulnerable communities. The joint actions of the project partners will contribute to the provision of accessible and quality social and health services for the integration of communities and individuals, for self-fulfillment and care for people at risk and for providing conditions for a full and dignified life for people with mental disorders and people , in need of mental support, which are the main priorities in the social policy of the beneficiaries.

More specifically, the joint actions of the project partners contribute to providing accessible and quality social and health services for the integration of communities and individuals, for self-fulfillment and care for people at risk, and for providing conditions for a full and dignified life for people with mental disabilities. disorders and people in need of mental support, which are the main priorities in the social policy of the beneficiaries. For this purpose, a new center for social rehabilitation and integration is being built in Strumyani, the facilities in the home for adults with mental problems in Topolovgrad are being improved, two mobile units for social and health services for vulnerable groups and cancer patients are being equipped. In addition, activities have been implemented to increase the capacity of social workers, rehabilitators and psychologists through trainings, creating a cross-border cooperation network for the protection of vulnerable social groups.

An information campaign was also implemented, including information days in both countries about cancer and early diagnosis and "Psychological Health Month". The campaign includes a number of information measures and work in focus groups, which is an innovative approach in the region.

The project was implemented in partnership between the following organizations:

- Strumyani Municipality (Bulgaria) – leading partner
- Association of Cancer Patients and Friends of Evros Prefecture " SinehiZO" (Greece)
- Municipality of Topolovgrad (Bulgaria)

2.2.7. INTERSYC II project

Project "Integrated Territorial Synergies for Child Health and Protection II" (with the acronym INTERSYC II) ⁹is the result of the long-term partnership between the partners in its implementation and is a natural continuation of the INTERSYC project, which was implemented with great success during the previous planning period 2007- 2013. The INTERSYC II project aims to protect and improve the quality of life of children in the cross-border area and in this way helps to deal with critical social problems such as human trafficking (including the disappearance of children), providing support to families in crisis and ensuring the good health of children as decisive factors for maintaining the local population on both

⁹ <https://intersycii.eu>

sides and creating a favorable environment for the development of sustainable economic activities. INTERSYC II activities also cover remote areas with the same and even more intense needs for preventive medicine for children, especially under the current socio-economic conditions, and accordingly include:

- Carrying out preventive medicine activities by carrying out examinations of children in basic medical specialties
- Conducting training seminars on rescue and first aid in Greece and Bulgaria in cooperation with the National Center for Emergency Aid , aimed at professionals from various fields working with children
- Promotion / training / operation of the European hotline 116000 by: o training of staff in operation of the European hotline for missing children 116000 and development of mobile applications to promote the line and to inform children and adolescents about health problems
- Promotion / training / training of Amber Alert and the European Automated Child Alert System (ECAAS)

Accordingly, the results of the implementation of the project are as follows:

- Immediate help in cases of missing children through operation 116000, Amber Alert and ECAAS
- Raising public awareness (citizens and mass media) and reducing cases of child trafficking
- Establishing a framework for close cooperation between law enforcement agencies of both countries.
- Timely prevention of the development of diseases in the child population in the application area.
- Raising awareness in educational units and local government bodies on medical and hygiene issues.
- Improving the skills of staff working with children in the field of first aid - dealing with emergencies , incl. o enriching the experience of cooperating local authorities and NGOs.
- Expanded coverage of the needs of migrant / refugee families in crisis
- Improvement of the existing equipment for preventive medicine and upgrading of the mobile medical units of the partners, incl. Through mobile blood donation units
- Psychological and social support for children and families affected by Covid-19
- Lectures / training sessions addressed to school psychologists and teachers, aiming to train them to acquire specific knowledge, competences and skills on how to act in relation to Covid-19 and other viral infections
- Information campaign to raise public awareness about implementing simple and easy measures in everyday life to slow the spread of coronavirus, protect people from misinformation and promote ways of managing and preventing Covid-19

The project is implemented in partnership between the following organizations:

- "The smile of the child" (Greece) - leading partner
- Municipal Development Agency of the Municipality of Komotini (Greece)
- Center Nadia Foundation - Sandanski branch (Bulgaria)

- Regional Department of Education - Blagoevgrad (Bulgaria)

2.2.8. Med4All project

Project "Improving access and quality of health services in hard-to-reach and remote settlements of the cross-border area of Gotse Delchev Municipality and Pagayo Municipality" (with the acronym Med4All) ¹⁰aims to reduce inequalities in terms of health status and improve access to quality health services - primary medical /pre-hospital care in hard-to-reach/remote places through the introduction of telemedicine in the cross-border region. In this way, people will not have to travel to the offices of general practitioners, and they will be given the necessary primary tests and examinations on the spot.

The project addresses the common problems identified in the two partner municipalities related to population aging and related diseases, as well as poverty, which directly impedes travel to local and regional health centers , and the spread of chronic diseases . This is the main reason for the exclusion of large populations from primary health care , the poor quality of health services and increases the cost of health care. On the other hand, unsolved problems with access to primary health care services put an enormous burden on hospital services, thereby threatening the stability of the entire health system and also of the social care system.

Accordingly, the project introduces an approach to address common challenges and issues by introducing telemedicine services in primary health care in the region. For this purpose, health posts, health services and medical centers in small settlements have been equipped, mobile medical offices have been delivered, and for the needs. Accordingly, new medical furniture, tools and consumables have been provided, and the purchased medical devices and appliances are primarily intended for cardiovascular diagnostics, sterilization, as well as communication equipment and configurations.

In addition, trainings were also implemented to improve the capacity of the medical staff - doctors and nurses to use the telemedicine system.

An important element of the project is the construction of communication connectivity and the installation of specialized software. The innovation in the project is precisely the provision of an opportunity for primary care doctors and health personnel to have constant access to all data , as well as the opportunity to share information with medical specialists, including in municipal hospitals, in real time, without necessarily being located in the center of telemedicine and implement remote consultation (remote diagnostics and emergency assistance). This eliminates the time needed to exchange the necessary information and plan the necessary actions. The system is extremely useful in emergency situations and when a patient needs hospital treatment, as it allows immediate access to all his data, to make an audiovisual connection , to make a diagnosis, to give treatment guidelines or to transfer data on the patient when moving from one medical facility to another. In this way, the hospital staff has a clear idea of the patient's condition and will be able to monitor his condition in real time .

A joint communicable disease action strategy has also been developed and a Joint Advisory Council of primary care physicians on both sides of the border has been established

¹⁰ www.gotsedelchev.bg

for coordination, prevention, surveillance and early warning and control of transboundary communicable, infectious and parasitic diseases.

The project is implemented in partnership between the following organizations:

- Gotse Delchev Municipality (Bulgaria) - leading partner
- Municipality of Pagaio (Greece)

2.2.9. MediciNet II project

The project "Improving cooperation between hospitals in the implementation of emergency medical care" (with the acronym MediciNet II) ¹¹ is the result of a long-term partnership between the partners in its implementation and is a natural continuation of the MediciNet project, which was implemented with great success during the previous planning period 2007-2013. The main need that started the planning and development of the project was the new road that connects the cities of Komotini and Kardzhali as part of the trans-European network and more specifically part of corridor #9. In addition to the increased cooperation between the two cities, the new road logically created new needs for health services, as well as a significant need to improve the capacity to deal with road traffic accidents.

The overall goal of the project is to improve the efficiency of primary and emergency health services in the cross-border region of Rhodope and Kardzhali by modernizing existing and creating new medical services and equipment in the two partner hospitals. By modernizing the medical equipment and services of the two hospitals related to the emergency and emergency structures, the project aims to increase (in terms of quantity and quality) the public primary and emergency medical services provided to the local population. Vulnerable groups such as the disabled, the poor and children, as well as groups that exhibit a high incidence of health problems and high cross-border mobility such as the Roma, will also benefit from the increased effectiveness and efficiency of public health services provided.

In addition, the project aims to:

- Maximizing the efficiency of the health and medical resources of both hospitals by providing advanced services to a greater number of patients
- To minimize the need to transfer patients in emergency situations, thanks to the new improved medical facilities that will be put in place in both hospitals, as well as the healthcare mobility software that will be implemented by the Bulgarian beneficiary, especially serving people living in remote and isolated regions of Bulgaria
- Strengthening the exchange of know-how and cooperation between medical personnel in the cross-border region, focusing especially on joint emergency management

The main results of the MediciNet II project are as follows:

- Renovation of the operating theaters of the Komotini General Hospital - a fully equipped ready-to-use surgical block of four operating theaters
- Delivery of specialized medical equipment related to intensive and emergency care at MBAL-Kardjali
- Development of a WEB/mobile application from the Kardzhali hospital that will enable doctors in remote areas to access patient electronic medical records stored in the hospital HIS - administrative, demographic and clinical

¹¹ <http://www.medicinet.eu>

information, family history, problems (diagnoses) medications, vital signs/physiological measurements, laboratory results/observations, imaging studies, CT scans, etc.

- Organizing a series of training activities, including cross-border study visits and joint master classes for at least 40 doctors and other medical staff
- Project information materials (trilingual website, results brochures, information kits, etc.)

The project is implemented in partnership between the following organizations:

- General Hospital "Sismanogleio" - Komotini (Greece) - leading partner
- MBAL "Dr. Atanas Dafovski" JSC (Bulgaria)

2.2.10. Project RemoteCARE

Remote Care Delivery ¹²Project (acronym RemoteCARE) goal and to provide primary health services to the population in rural areas with an emphasis on prevention and early diagnosis. In particular, two mobile health units (one for each country) have been developed , working with a multidisciplinary team (general practitioner, nurse and social worker) who regularly visit the population by applying a standard protocol specially developed for this purpose.

Each project region identifies the service framework to be provided, the ICT services to be developed and the patient data to be recorded . This includes identifying the requirements of the regions regarding the provision of health services in rural areas and developing the operational plan and business plan for the operation of the mobile units.

In addition, a digital system was developed for recording and monitoring the health status of patients. All patients will have a personal electronic health record recording their medical history , examinations and medical treatments received by the mobile unit. This file is available to hospitals in case the patient needs to be transferred there.

The project has a great social added value as it provides primary health services to the rural population with difficult access to health facilities. The provision of primary health services leads to early diagnosis of diseases and their effective treatment. This leads to an improvement in the health of citizens, to fewer hospital admissions and, accordingly, to a reduction in costs for the health sector.

The results of the project are specific and measurable, related to the activities and objectives of the project :

- Reduction in the number of hospitalizations and corresponding reduction in healthcare costs
- Protecting vulnerable social groups from hospital-acquired infections and providing information to these groups about self-management techniques to deal with their own health situations
- Improving the psychological condition of vulnerable social groups
- Improving the quality of life of the population in rural areas
- Promotion of prevention and early diagnosis
- Reducing health care costs

¹² <https://remotecare2020.eu>

- Training of caregivers and health professionals to improve patient attitudes and to work with ICT smart devices
- Maintaining the medical history documentation procedure
- Development of a feasibility study of mobile health units.
- Interregional memorandum of understanding and formation of starting points for further joint actions

The project is implemented in partnership between the following organizations:

- Municipality of Oreokastro (Greece) - leading partner
- Institute of Informatics and Telecommunications - Demokritos National Research Center (Greece)
- MBAL "Southwestern Hospital" Ltd. (Bulgaria)

2.2.11. SMART_MED project

Smart Medicine Project (acronym SMART_MED)¹³ has as its main objective to invest in health infrastructure that will contribute to regional and local development, reducing inequalities in terms of the health status of the local population in the cross-border region.

The specific objectives of the project are:

- Improving the efficiency of the primary care system to provide better health care for communities in need
- Provision of modern primary medical care for the residents of the municipalities under the project
- Improving the sustainability and efficiency of the healthcare system through innovation

The main activity of the project is the pilot provision of specialized primary health services to the residents of the municipalities of Dimitrovgrad, Didimotiko and Paranești. To provide these services, 2 telemedicine centers for specialized primary health care have been created - 1 in Dimitrovgrad and 1 in Paranești. These services have been offered as a pilot within the project through: preventive health examinations for patients visiting the centers and mobile stations for patients in remote areas.

The necessary equipment for the provision of telemedicine health services has been purchased, as each mobile station for hard-to-reach settlements is fully equipped, including a hardware system with the necessary software for conducting remote medical examinations and maintaining a database of health records.

Trainings and exchange of experience for the medical specialists in the newly created centers were conducted with a view to adequate and timely provision of specialized primary health care on site, as well as in a home environment for the disabled, reduced mobility, elderly people with chronic diseases, families with low incomes and other.

In addition, a joint electronic database was developed with health information for the residents of the territory of the partnering municipalities, fed with the information from the examinations carried out through the mobile stations. The database can be accessed by

¹³ www.dimitrovgrad.bg

general practitioners and medical specialists, as well as by any patient with a username and password.

The soft activities of the project include campaigns for the prevention of socially significant diseases, specialized forums for medical professionals on the topics of E-healthcare, telemedicine and ICT in health care with a view to increasing the capacity for the provision of modern primary medical care. For the effective planning of specialized primary health services under the project, a joint strategic plan for the provision of telemedicine health services has been developed.

Research has also been conducted into how the cross-border region uses modern technology to provide coordinated aged health services and home aged health care and how the high costs and ever-changing technologies associated with remote patient monitoring are managed. .

The ambition of the project is to develop a community-based primary health care model that is applicable to the cross-border region. The concept of the model consists of solutions for an effective transition from institutional health care to community health care, resulting in easing the volume of health services in hospitals and improving the health capacity of health service providers. For this purpose, a number of training tools have been developed related to increasing the capacity of all interested parties in relation to the implementation of the model.

The project is implemented in partnership between the following organizations:

- Municipality of Dimitrovgrad (Bulgaria) - leading partner
- Technological Institute "Eastern Macedonia and Thrace" (Greece)
- Municipality of Paranesti (Greece)

2.2.12. Project SMiLe

The central need behind the development of the idea for the project "Improving primary health care in isolated and deprived communities in cross-border areas" (with the acronym SMiLE) ¹⁴ is to improve the overall efficiency in meeting the primary and emergency health needs of the cross-border population. In this context, its implementation aims to substantially and practically improve everyday primary health care as well as emergency management, focusing especially on remote and cross-border disadvantaged areas.

The implementation of the project provides a permanent and sustainable basis of modernized primary and emergency health services using modern medical equipment and qualified medical personnel, restoring the sense of security to citizens living in isolated and remote areas in the Greek-Bulgarian cross-border area.

The main objective of the SMiLE project is to increase the capacity of the structures and provision of primary health care in the cross-border region through a holistic approach that includes improving the infrastructure, providing special medical equipment that will facilitate the provision of a place to improve primary health care services , as well as the introduction of innovative practices in primary health care aimed at vulnerable groups of the population. The implementation of these three main axes of the project, around which all actions are developed, aims to remove obstacles in the provision of health care due to geographical, social and individual factors that can be recognized in the cross-border region.

¹⁴ <https://www.smile-interreg.eu/>

In particular, the project mainly aims to modernize and equip primary health care units and hospitals in the cross-border region, all located in remote and isolated areas, with basic modern medical equipment. This is complemented by the improvement of emergency response by improving the ambulance management system in the area of Drama and Harmanli Municipality. Another important point is that patients with disabilities are given special attention through the creation of a training center for their specific needs of practitioners in primary health care units in the cross-border area. In addition, the project aims to:

- Maximizing the efficiency of health and medical resources, providing expanded services to a greater number of beneficiaries.
- Reducing the need to evacuate patients in case of emergencies and chronic diseases, thanks to the improvement of health services in the specific territories.
- Creating a sense of security in the local population and increasing their faith and trust in public health systems.
- Medium-term reductions in health care costs as direct and better PHCs will be ensured by reducing the morbidity of the population.
- Creation of a permanent system and platform for the evaluation of PZP services by citizens, ensuring their continuous monitoring and improvement.
- The population of border areas who will have access to primary health care through Primary Health Care Centers and hospitals with improved capacity and improved infrastructure
- Persons with reduced mobility (disabled people, elderly, children, etc.) who will benefit from improved accessibility of infrastructure and training of medical professionals for their specific needs
- Medical staff throughout the cross-border area who will benefit from the training provided by the project
- Local and regional stakeholders and stakeholders working in the field of primary health care and emergencies, through their participation in the development of a common management plan for citizen-oriented primary health management

Accordingly, the results of the project are as follows:

- The modernization of 6 units of primary health care and 3 hospitals - all located in remote and disadvantaged areas of the territory of Central and Eastern Europe (Paranesti, Nevrokop, Echinis, Yasmol, Stavroupoli, Soflu, Didymotika, Ardino and Harmanli)
- Installation and operation of a TETRA communication system for the entire fleet of ambulances (including health centers) in the Drama Regional Unit and a TETRA communication system and ambulance management system for the Operations Center.
- The establishment and operation of a modern Training Center for Primary Health Care Practitioners, which will be located in the Department of Medicine of the Aristotle University of Thessaloniki and will provide specialized training courses for practitioners in the cross-border region not only throughout the life cycle of the project, but also after its completion

- A set of studies aimed at improving access to certain divisions of health care in the cross-border region, including the preparation of a toolkit to ensure equitable health
- The development and operation of an IT platform for the evaluation of primary health services

The project is implemented in partnership between the following organizations:

- Fourth Health Region of Macedonia and Thrace (Greece) – leading partner
- Aristotle University of Thessaloniki (Greece)
- MBAL "Ardino" (Bulgaria)
- Municipality of Harmanli (Bulgaria)
- National Emergency Center - Athens (Greece)

2.2.13. The Healthy Municipality Project

The project "Policies to Improve Access to Health Services in Degraded Areas" (with the acronym The Healthy Municipality) ¹⁵is implemented with the overall goal of developing and implementing prevention policies in remote cross-border areas at the municipal level. As such, the project seeks to support appropriate prevention policies based on:

- The study of the causes of morbidity, the development of maps of population morbidity and the configuration of policies to reduce it, to investigate
- Access and coverage of the needs of the population to health services in the regions of the project partners
- Identifying vulnerable groups and taking measures to increase prevention support (diagnostic tests, incident response protocols)
- The development of tools (cards for the patient, a digital alarm system, additional equipment for health centers, the construction of networks of local health structures)
- The development of local health policy plans and the organization of communication actions for the implementation of a joint prevention plan in the project areas
- The implementation of pilot applications (diagnostic and clinical examinations for vulnerable groups, preventive sessions on health issues)

The project is implemented in partnership between the following organizations:

- Regional Development Agency of the Prefecture of Rodopi (Greece) – lead partner
- Aristotle University of Thessaloniki (Greece)
- Municipality of Ariana (Greece)
- Yazmos Municipality (Greece)
- Transnational Education and Development Company TRANSCOOP (Greece)
- The Regional Health Inspection - Haskovo (Bulgaria)

¹⁵ <https://healthymunicipality.com/>

- Association of Rhodope Municipalities (Bulgaria)
- Krumovgrad Municipality (Bulgaria)
- Municipality of Momchilgrad (Bulgaria)

2.3. Presentation of the partners from Bulgaria in the projects under Investment Priority 9a

On the Bulgarian side, 23 beneficiaries participate in the above-described projects - hospitals, emergency medical assistance centers, regional health inspectorates, municipalities and other organizations. They are summarized in the following table:

Table 10. Projects under Priority 9a of the INTERREG VA "Greece-Bulgaria 2014-2020" Cooperation Program

Type of organization - beneficiary	Number
Hospitals MBAL "Devin", MBAL "Ardino", MBAL "Dr. Atanas Dafovski" AD, Kardzhali, MBAL "Southwestern Hospital", DCC "Alexandrovska"	5
Emergency medical centers CSMP-Blagoevgrad, CSMP-Kardjali	2
Regional Health Inspections, regional health insurance funds Regional Health Inspection-Blagoevgrad, Regional Health Inspection-Haskovo, Regional Health Insurance Fund-Smolyan	3
Municipalities and associations of municipalities * ** The municipalities of Zlatograd, Kirkovo, Strumyani, Topolovgrad, Gotse Delchev, Dimitrovgrad, Harmanli, Momchilgrad, Krumovgrad Association of Rhodope municipalities	10
Others Euroradar Association, Center Nadia Foundation - Sandanski branch, Regional Management of education - Blagoevgrad	3

Source: <http://www.greece-bulgaria.eu>

* Some of the municipalities have realized investments in hospitals located on their territory - under projects Med4All, SMiLe, etc.

** Some of the municipalities have made investments in health services, social rehabilitation centers located on their territory - under projects e-SOHECA, HS-Care, etc.

These beneficiaries have respectively implemented activities to build health infrastructure (investment direction 053 of the Program) and/or introduce ICT solutions aimed at the challenge of healthy active ageing, services and applications for e-health, including e-care and life supported by the environment environment (investment direction 081).

Table 11. Projects under Priority 9a of the INTERREG VA "Greece-Bulgaria 2014-2020" Cooperation Program

Project	IP 053. Construction of health infrastructure	IP 081. Introduction of ICT solutions
1. e-SOHECA	✓	✓
2. E/HEALTH	✓	✓
3. eHealth Monitoring	✓	✓
4. equal2health	✓	✗
5. Health Care Center	✓	✗
6. HS-Care	✓	✗
7. INTERSYC II	✓	✓
8. Med4All	✓	✓
9. MediciNet II	✓	✓
10. RemoteCARE	✓	✓
11. SMART_MED	✓	✓
12. SMile	✓	✓
13. The Healthy Municipality	✓	✓

Source: <http://www.greece-bulgaria.eu>

3 . Gathering quality information for analysis needs

For the purposes of the analysis, a need was identified to collect certain qualitative information by conducting interviews and focus groups on both sides of the border by applying a common questionnaire developed by the lead partner, respectively:

- QUESTION 1. Do you think cross-border cooperation programs have an impact on public health? Justify your answer.
- QUESTION 2. Do you think that the INTERREG VA Cooperation Program "Greece-Bulgaria 2014-2020" has had an effect on reducing inequalities in access to health services in the cross-border region? Justify your answer.
 - Do you think the Program has a positive or negative effect on the number of reviews (primary/secondary)?
 - Do you think the Program has a positive or negative effect on the provision of medical care?
- QUESTION 3. Is the impact of the Program greater in Greece or Bulgaria? What are the reasons that lead you to this answer?

- QUESTION 4. The implementation of the projects under axis 9.a was in accordance with the objectives of the Program, i.e. reducing inequalities in access to health services and improving the efficiency of health services?
- QUESTION 5. Are there any positive or negative effects of the implementation of the Program that were not initially foreseen when they were designed?
- QUESTION 6. From your experience, do you have any suggestions for the next program period?

On the Bulgarian side, 1 focus group was held with beneficiaries of projects under investment priority 9a and 2 interviews with established health experts.

The focus group was held on 19.11.2021 between 10:30 and 11:30 via the Zoom platform (a detailed transcript is presented as an appendix to this report), with the participation of:

- *Mrs. Rosanka Venelinova*, a doctor with a specialty in psychiatry and Executive Director of the Center Nadia Foundation - with a branch in Sandanski, Blagoevgrad district, a foundation with a long history, especially in the field of psychological support for women who have suffered from violence and their children, persons -victims of human trafficking and emigrants. Beneficiary under the Intersyc II project "Integrated Territorial Synergy for Child Health and Protection", and also under Intersyc I from the previous program period.
- *Mrs. Elka Babuleva*, expert in the Regional Department of Education - beneficiary of the Intersyc II project, through which administration the project activities reached in one form or another to all children and students in the Blagoevgrad district, with a focus on prevention, promotion of a healthy lifestyle and promoting the 116000 hotline for missing children.
- *Dr. Güner Osman* - Director of the Multispecialty Hospital for Active Treatment in the city of Ardino, Kardzhali region - beneficiary of the Smile project "Improving primary medical care in isolated and deprived communities in cross-border areas".

The first interview was held on 19.11.2021 from 14:00-15:00 via the Zoom platform, with *Prof. Zheni Staykova* - an expert with extensive experience in the field of health care in her capacity as the former Director of the National Center for Public Health and Analysis in Bulgaria, chairman of the board of directors of a large general hospital, deputy manager of another medical facility, and also a recognized expert on environment and health, public health and health management, manager of national and international projects for health promotion and prevention of chronic non-communicable diseases; mental health, incl. under the Program for cross-border cooperation between Greece and Bulgaria, including as Director of the Kardzhali Regional Health Inspection.

The second interview was with *Dr. Kaloyan Kaloyanov* - director of the Regional Health Inspection - Blagoevgrad. An expert with proven experience and excellent knowledge of health care issues at the national and regional level, Dr. Kaloyanov knows very well the specifics of the cross-border region with Greece, including from the position of a beneficiary under the Program, since the administration led by him has completed projects under it, and also under the program from the previous program period. The interview was conducted on 06.12.2021 between 15:00 and 15:30 via the Zoom platform, and a detailed transcript is presented as an appendix to this report.

The information thus collected was provided to the Lead Partner for analysis and summary in connection with the development of the summary assessment for the entire cross-border region.

4 . Sources of information

- Blagoevgrad Regional Administration – www.blagoevgrad.government.bg
- Smolyan Regional Administration – www.sm.government.bg
- Kardzhali Regional Administration - www.kardzhali.org
- Haskovo District Administration - www.hs.government.bg
- Ministry of Health - www.mh.government.bg
- National Statistical Institute - www.nsi.bg
- Official page of the INTERREG VA Cooperation Program "Greece-Bulgaria 2014-2020" - www.greece-bulgaria.eu